

IFFT QUALITY FENCING
 923 THOR DRIVE
 BLOOMINGTON, IL 61705
 OFFICE: 309-888-4338
 FAX: 866-565-1227



Employment Application

APPLICANT INFORMATION ***THIS SECTION MUST BE COMPLETED*******

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Cell Phone			E-mail Address			
Home Phone			Driver's License Number			
Do you currently have a legal/active driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, explain			
Position Applied for				Date AVAILABLE:		
I am interested in: <input type="checkbox"/> Full Time (min. of 36 hrs/week) <input type="checkbox"/> Part Time (less than 35 hrs/week)						
How did you learn about this opportunity? :						
*****This section is Optional*****						
Birthdate:	/ /					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION ***THIS SECTION MUST BE COMPLETED*******

High School						
Address						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College						
Address						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other						
Address						
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

EMPLOYMENT HISTORY***THIS SECTION MUST BE COMPLETED*******

Current/Last Position Title					Company Name			
Company Address								
Supervisors Name				Supervisors Title			Supervisors Contact Number	
May we Contact them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Were you a Supervisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many employees did you have under you?		
Responsibilities								
Date of Employment	From:	To:	<input type="checkbox"/> Currently Employed	Reason for Leaving				

Employment history (cont.)***THIS SECTION MUST BE COMPLETED*******

Current/Last Position Title					Company Name			
Company Address								
Supervisors Name				Supervisors Title			Supervisors Contact Number	
May we Contact them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Were you a Supervisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many employees did you have under you?		
Responsibilities								
Date of Employment	From:	To:	<input type="checkbox"/> Currently Employed	Reason for Leaving				

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Date of Employment	From:	To:	<input type="checkbox"/> Currently Employed	Reason for Leaving				

Current/Last Position Title					Company Name			
Company Address								
Supervisors Name				Supervisors Title			Supervisors Contact Number	
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Responsibilities								
Date of Employment	From:	To:	<input type="checkbox"/> Currently Employed	Reason for Leaving				

THREE REFERENCES***THIS SECTION MUST BE COMPLETED*******

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE***THIS SECTION MUST BE COMPLETED*******

I Have Served in the U.S Military.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently in the U.S. Military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Branch				From		To
Rank at Discharge				Type of Discharge		
If other than honorable, explain						

DISCLAIMER AND SIGNATURE***THIS SECTION MUST BE COMPLETED*******

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification for employment, or if employed, my dismissal for just cause.

Ifft Quality Fencing may verify the information set forth on this application and obtain additional background information relating to my background.

I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply all information concerning my background.

On the first day of employment I agree to provide Ifft Quality Fencing proof of my age (as required for company benefit plans and similar administration), Social Security Number, and appropriate credentials as may be required.

I release Ifft Quality Fencing from all liability for any damage that may result from utilization of such information.

Signature		Date	
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