IMC Industrial Maintenance Contracting LLC

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: **$** _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

• Equal Opportunity Employer

ALL QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, DISABILITY, MILITARY STATUS, VETERAN STATUS, OR ANY OTHER PROTECTED CLASS.

• Verification of Information

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND FURTHER AGREE TO ALLOW THE EMPLOYER TO INVESTIGATE ANY CLAIM OR INFORMATION CONTAINED HEREIN.

I CONSENT TO HAVING THE COMPANY CONTACT ANYONE THAT IT DEEMS APPROPRIATE TO INVESTIGATE OR VERIFY ANY INFORMATION I HAVE GIVEN, OR TO DISCUSS MY BACKGROUND, PAST PERFORMANCE, OR SUITABILITY FOR EMPLOYMENT. I FURTHER CONSENT TO BEING DISCUSSED BY ANY PERSON SO CONTACTED AND I WAIVE ALL RIGHTS TO BRING ANY ACTION FOR DEFAMATION, INVASION OF PRIVACY, OR ANY SIMILAR CAUSE AGAINST ANYONE CONTACTED AS A RESULT OF WHAT HE OR SHE MAY SAY ABOUT ME.

• Employee Acknowledgement

I understand that IMC / Industrial Maintenance Contracting LLC is my employer and is responsible for providing me with wages, workers compensation coverage, unemployment insurance, and overtime pay as provided by law.

I also understand that if I incur an injury while on a job assignment for IMC / Industrial Maintenance Contracting LLC that I must contact a IMC / Industrial Maintenance Contracting LLC representative immediately and report the accident. I also understand that failure to report an accident or on-the-job injury immediately will jeopardize my claim. I have been provided a listing of approved medical facilities for treatment of on-the-job injuries. I know that any unauthorized treatment will not be covered by workers compensation insurance. In an emergency, I know to proceed to the nearest emergency facility and to contact IMC / Industrial Maintenance Contracting LLC immediately. I understand that I may be drug screened at the time of treatment.

I also have received Safety Orientation and have read all safety materials provided to me. I understand that I am responsible for having knowledge of these policies and knowledge of the safety policies and procedures of all client companies where I perform work. I understand that violation of any branch rules or policies may result in disciplinary action, up to and including immediate termination.

I have read or heard all Pre-Employment Policies Non-Discrimination and Non-Harassment Policy, Equal Employment Opportunity Policy, and the Alcohol and Drug-Free Workplace Policy. As a condition of employment, I agree and know I must comply with all rules of these policies. I understand that failure to do so may result in disciplinary action, up to and including immediate termination.

I have read and understand IMC / Industrial Maintenance Contracting LLC Alcohol and Drug- Free Workplace Policy. I do hereby freely and voluntarily agree to submit to a urinalysis/blood sample screening as a condition of my employment. I agree to release these test results to the company with the understanding that the Results may be used to make a decision affecting my employment status. I understand that either the failure to qualify according to the minimum standards established by the company or my refusal to submit to the drug testing procedure may disqualify me from further consideration for employment, unless prohibited by applicable law.

Further, I understand that after commencement of employment with the company, I may be required to submit to a drug test procedure. I agree that I will submit to a requested substance screening and understand that my failure to comply with such requests, or a positive result failing to meet the minimum standard, may result in immediate suspension or termination of employment, unless prohibited by applicable law. I have read and understand the above statements and conditions of employment.