

INDUSTRIAL HEALTH COUNCIL

EMPLOYMENT APPLICATION

Note: IHC will not consider incomplete or unsolicited applications

Position you are seeking	A copy of your Drivers License and MVR must be attached to this application Any offer of employment is contingent upon acceptable MVR and Drug Screen
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How did you learn about this position? _____

Name	Last	First	Middle
Address	Phone #		Email
City	State		Zip

Have you ever filed an application with IHC before? Yes No
If yes, please give date: _____

Do any of your friends or relatives work here? Yes No
If yes, please give name, relationship and position: _____

Have you ever been employed with IHC before? Yes No
If yes, please give date and position: _____

Are you at least 18 years of age? Yes No
If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Are you a US citizen? Yes No
If not a US citizen, do you have proof of your legal right to accept employment? Yes No

Are you currently employed? Yes No
If yes, may we contact your current employer? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Will you travel ? Yes No

Will you work overtime? Yes No

Have you ever been convicted of a crime? Yes No
If yes, please give date and reason for conviction: _____
(All positions at IHC are subject to a Criminal Background Check.)

Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.) Yes No

Date available for work: _____

What is your desired salary range? _____

Please check your availability to work:

Regular Full-Time Regular Part-Time at ____ hours/week

Temp/Seasonal Full-Time Temp/Seasonal Part-Time at ____ hours/week

Morning Afternoons Evenings Weekends Sundays

Education & Training

School	Name, City & State of School	Course of Study	# years	Diploma/Degree	
High School				Yes	No
Undergraduate School				Yes	No
Graduate School				Yes	No
Other (Specify)				Yes	No

Please state any additional information and skills you feel may be helpful to us in considering your application: _____

Work Experience – Complete this section even if you are attaching a resume

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:

Professional/Business References – Please do not include family members.

Name	Address & Phone Number	Occupation
1.		
2.		
3.		

Applicant’s Certification – Please read this carefully before signing the application!

- > IHC is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.
- > No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.
- > IHC will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
- > I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at IHC.
- > I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to IHC may result in immediate termination of my employment.
- > I hereby authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give IHC’s representative’s any and all information regarding me and my previous employment. I release IHC and all previous employers and supervisors from liability for any damages that may result from furnishing information to IHC.
- > In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of IHC. I also understand that IHC reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of IHC has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.
- > I understand that all employees of IHC, with respect to length of employment, are considered to be “at will.” This means that I may terminate my employment with IHC at any time, without notice, without liability, for any extended period. Similarly, IHC may terminate my employment with IHC at any time without notice, without liability, for any extended period. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of IHC to the contrary is not authorized or binding upon IHC unless in writing and signed by the President of IHC.

I have read and reviewed the above certification statements and other information provided on the application.

Applicants Signature: _____ Date: _____