

# Employment Application

Please make sure to complete the entire application FULLY. If not applicable to you, please write N/A. Only completing forms may speed up the hiring process.

## SECTION I

### Personal Information

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Address:</b>		<b>Apartment/Suite #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip</b>
<b>Email Address:</b>		<b>Phone:</b>

### Accommodations

<p>Do you know of any reason you cannot perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please describe any accommodation required:</p>
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### Additional Information

<b>What prompted you to apply at Inglis?</b>
<input type="checkbox"/> Employee referral: Name of employee:
<input type="checkbox"/> Advertisement: Where?

### Position Information

<p>Have you previously been employed by Inglis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide:</p> <p>Dates employed at Inglis:</p> <p>Position held:</p> <p>Are you applying for a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, do not fill out <b>SECTION III or IV; skip to Section V</b>)</p> <p>Are you applying for an Intern position? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the entire application)</p> <p>What position are you applying for? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time</p>
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<b>What shift/hours are you applying for?</b>
<input type="checkbox"/> 1 <sup>st</sup> shift - 7:00 am-3:00 pm
<input type="checkbox"/> 2 <sup>nd</sup> shift - 3:00 pm-11:00 pm
<input type="checkbox"/> 3 <sup>rd</sup> shift - 11:00 pm-7:00 am
<input type="checkbox"/> Fixed Schedule (8:30am-4:30pm)
<b>Do you have a valid driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If hired, can you provide proof of insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II**

**Family Information**

<b>Does Inglis currently employ any members of your family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide the following:</b>
Family member name:
Relationship to you:
Their position:
<b>Are any members of your family currently a resident of Inglis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide the following:</b>
Family member's name:
Relationship to you:

**Emergency Contact Information**

<b>Name:</b>	<b>Relationship:</b>	
<b>Street Address:</b>		<b>Apartment/Suite #:</b>
<b>City:</b>	<b>State:</b>	<b>Phone:</b>

### SECTION III

*(Volunteer applicants, please skip to SECTION V- do not complete SECTION III or IV)*

#### Employment Eligibility

Are you authorized to work lawfully in the United States??  Yes  No

*Please note that proof of eligibility to work in the United States must be provided if selected for hire.*

#### Education

##### **High School Information**

Name of School:

City:

State:

##### **College Information**

Name of School:

City:

State:

Major:

Degree completed?  Yes  No

Type of Degree?

##### **Other Education**

Name of School:

City:

State:

Major:

Degree completed?  Yes  No

Type of Degree?

#### Certifications and Licenses

**If you are applying for a position that requires a certification or license, please provide the following information:**

Type of Certification or License:

Certification or License Number:

*\*Please be prepared to provide your recruiter with an up-to-date, color copy of your license/certification if asked.*

**Employment History (please begin with the most recent employment)**

<b>Name of Employer:</b>			
<b>Dates Employed: From:</b> MM:      YY:		<b>To:</b> MM:      YY:	
<b>Street Address:</b>			<b>Apartment/Suite #:</b>
<b>City:</b>		<b>State:</b>	
<b>Position Held:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor's Name:</b>		<b>Supervisors Phone #:</b>	
<b>Brief Description of Duties:</b>			

<b>Name of Employer:</b>			
<b>Dates Employed: From:</b> MM:      YY:		<b>To:</b> MM:      YY:	
<b>Street Address:</b>			<b>Apartment/Suite #:</b>
<b>City:</b>		<b>State:</b>	
<b>Position Held:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor's Name:</b>		<b>Supervisors Phone #:</b>	
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<b>Street Address:</b>			<b>Apartment/Suite #:</b>
<b>City:</b>		<b>State:</b>	
<b>Position Held:</b>			
<b>Reason for Leaving:</b>			
<b>Supervisor's Name:</b>		<b>Supervisors Phone #:</b>	
<b>Brief Description of Duties:</b>			

*To Inglis: I certify that my answers to the foregoing questions are true and correct to the best of my knowledge and belief. Inglis is hereby authorized to investigate fully all information contained herein. I agree that any misrepresentation of facts contained in this application may be the cause for my dismissal.*

**Date:**

**Signature:**

**To whom it may concern hereby authorize you to release to Inglis any information pertaining to my employment and I unconditionally release you and your organization from all liability for releasing this information.**

**Date:**

**Signature:**

***INGLIS HIRES QUALIFIED INDIVIDUALS REGARDLESS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR AGE. CONSISTENT WITH THESE EQUAL EMPLOYMENT RESPONSIBILITIES, INGLIS WILL MAKE REASONABLE ACCOMMODATIONS DURING BOTH THE APPLICATION PROCESS AND ON THE JOB.***

## SECTION IV



### EMPLOYER INFORMATION REPORT EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEO-1)

**Inglis is required to provide statistical data periodically to governmental agencies. Please check the appropriate block that pertains to your gender, racial origin, military & marital status.**

#### Gender

<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Other:
<input type="checkbox"/> Prefer not to answer

#### Race & Ethnic Identification:

<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
<input type="checkbox"/> White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)
<input type="checkbox"/> Black or African American (Not Hispanic or Latino) (A person having origins in any of the black racial groups of Africa)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
<input type="checkbox"/> Asian (Not Hispanic or Latino) (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) (A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment)
<input type="checkbox"/> Two or More Races (All persons who identify with more than one of the above races)

#### Military Service Record

<b>Are you a veteran of the US Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer
<b>If Yes, What branch?</b>
<b>What rank?</b>
<b>Are you currently or have you been in The National Guard or Reserves?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what is the date your obligations end?</b>

#### Marital Status:

<b>Please State:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown
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<b>Date:</b>	<b>Signature:</b>
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**SECTION V**

**Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 05/31/2023

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunities to qualified people with disabilities. We must also measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all our employees to update their information at least every five years. Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be confidential and not be seen by selecting officials or anyone involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past.

**How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity or if you have a history or record of such an impairment or medical condition.

***Disabilities include, but are not limited to:***

<ul style="list-style-type: none"> <li>▪ <i>Autism</i></li> <li>▪ <i>Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS</i></li> <li>▪ <i>Blind or low vision</i></li> <li>▪ <i>Cancer</i></li> <li>▪ <i>Cardiovascular or heart disease</i></li> <li>▪ <i>Celiac disease</i></li> <li>▪ <i>Cerebral palsy</i></li> <li>▪ <i>Deaf or hard of hearing</i></li> <li>▪ <i>Depression or anxiety</i></li> <li>▪ <i>Diabetes</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Epilepsy</i></li> <li>▪ <i>Gastrointestinal disorders, for example, Crohn's Disease or irritable bowel syndrome</i></li> <li>▪ <i>Intellectual disability</i></li> <li>▪ <i>Missing limbs or partially missing limbs</i></li> <li>▪ <i>Nervous system conditions, for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)</i></li> <li>▪ <i>Psychiatric conditions, for example, bipolar disorder, schizophrenia, PTSD, or major depression</i></li> </ul>
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**Please check one of the boxes below:**

<input type="checkbox"/> Yes, I Have a Disability or Have a History/Record of Having A Disability
<input type="checkbox"/> No, I Don't Have a Disability or A History/Record of Having A Disability
<input type="checkbox"/> I Don't Wish to Answer

<b>Signature:</b>	<b>Date:</b>
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**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.