



Indian Springs is an Equal Opportunity Employer and complies with all federal laws prohibiting discrimination based on race, creed, color, national origin, sex, marital status, age, disability or any another protected category.

Employment Application

Please Print

Today's Date

Last Name

First Name

Middle

Street Address

City

State

Zip Code

(____) _____
Phone

E-mail Address

Employment Desired

Position applying for: _____ Desired Salary: _____

Availability: Full Time Part Time Temporary On-Call Evenings Weekends

Personal Information

Have you ever applied to or worked for Indian Springs before? Yes No If yes, when? _____

Were you referred by an employee of Indian Springs? Yes No If yes, state the name: _____

Why are you applying for work at Indian Springs? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

• Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum age.) Yes No

• If hired, can you submit verification of your legal right to work in the US? Yes No
legal right to live and work in this country?

• Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer

(_____) _____
Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

(_____) _____
Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip Code _____
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip Code _____
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip Code _____

Please indicate any language skills, other than English, below: _____

Please list any special skills and training: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____	Last Name _____	(____) _____ Phone Number
Address & Street _____	City _____	State _____ Zip Code _____
Occupation _____	No. of Years Acquainted _____	
First Name _____	Last Name _____	(____) _____ Phone Number
Address & Street _____	City _____	State _____ Zip Code _____
Occupation _____	No. of Years Acquainted _____	
First Name _____	Last Name _____	(____) _____ Phone Number
Address & Street _____	City _____	State _____ Zip Code _____
Occupation _____	No. of Years Acquainted _____	

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials Post offer of Employment, I hereby authorize Indian Springs to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature