



EMPLOYMENT APPLICATION FORM

DOC: FRM-APP

Rev C

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OFFICE USE ONLY

DATE RECEIVED:

REVIEWED BY:

PLEASE PRINT ALL INFORMATION REQUESTED

DATE:

APPLICANT NAME:

Last

First

MI

PRESENT ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL ADDRESS:

ALTERNATE PHONE (Optional):

Are you under age 18? ☐ Yes ☐ NoAre you currently authorized to work in the United States? ☐ Yes ☐ No Proof of eligibility will be required if hired.

Position applying for: _____

Wage desired: _____

How many hours can you work per week? _____

When are you available to start work? _____

Days/hours available to work:

☐ No Preference☐ Monday _____☐ Tuesday _____☐ Wednesday _____☐ Thursday _____☐ Friday _____

Employment Desired:

☐ FULL-TIME ONLY☐ PART-TIME ONLY☐ FULL OR PART-TIMEHave you ever worked for Innova Industries before? ☐ Yes ☐ No If yes, when? _____**EDUCATION:**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				



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PLEASE PRINT ALL INFORMATION REQUESTEDDo you have a valid driver's license? ☐ Yes ☐ NoDo you have a reliable means of transportation? ☐ Yes ☐ No**FOR DRIVER POSITIONS ONLY**

Driver's License Number

State of Issue

Expiration Date

☐ Operator☐ Commercial (CDL)Have you had any accidents during the past three years? ☐ Yes ☐ No How many? _____Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? _____**REFERENCES (Please list two references other than relatives)**

	REFERENCE #1	REFERENCE #2
NAME		
POSITION		
COMPANY		
ADDRESS		
TELEPHONE		

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.



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PLEASE PRINT ALL INFORMATION REQUESTED**MILITARY**Have you ever been in the Armed Forces? ☐ Yes ☐ No Date(s): _____Are you now a member of the National Guard? ☐ Yes ☐ No Date(s): _____**WORK EXPERIENCE**Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer		Name of last Supervisor	Employment Dates
Address			From
City, State, Zip Code		Last Pay or Salary	
Phone Number			To
Reason for leaving (Be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer		Name of last Supervisor	Employment Dates
Address			From
City, State, Zip Code		Last Pay or Salary	
Phone Number			To
Reason for leaving (Be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



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PLEASE PRINT ALL INFORMATION REQUESTED**WORK EXPERIENCE- Continued**

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer		Name of last Supervisor	Employment Dates
Address			From
City, State, Zip Code		Last Pay or Salary	
Phone Number			To
Reason for leaving (Be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer		Name of last Supervisor	Employment Dates
Address			From
City, State, Zip Code		Last Pay or Salary	
Phone Number			To
Reason for leaving (Be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?

☐ Yes ☐ No

Did you complete this application yourself?

☐ Yes ☐ No

If not, who did? _____



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Innova Industries, (herein after called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,____ or to confer any right to remain an employee of Innova Industries, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,____ and that relationship cannot be altered except by a written instrument signed by the management of the Company.____ Both the undersigned and Innova Industries may end the employment relationship at any time, without specified notice or reason.____ If, employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.____

I authorize investigation of all statements contained in this application.____

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____

I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated,) references and others and hereby release the Company from any liability as a result of such contact.____

I further understand that my employment with the Company shall be probationary for a period of (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.____

APPLICATION MUST BE SIGNED

Signature of applicant: _____ **Date:** _____

Innova Industries is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Innova Industries depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with Innova Industries.