

Employment Application Form

Information Network Associates, Inc.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Revised 07/17/2018

Candidates will be subject to a criminal background check, including drug screen, upon acceptance of a conditional offer of employment.

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Other Name(s) Used

Present address _____
Number Street City State Zip

How long _____

Telephone #1(Home) () _____ Telephone # 2 (Cell/other) () _____

Email _____

If under 18, please list age _____

Position(s) (1) _____
 (2) _____

Days/hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Are you seeking: Full Time Only Part Time Only Full OR Part Time

If selected, when are you available to start work? _____

Security Officer Candidates Only

Do you possess an Act 235 Certification (Commonwealth of Pennsylvania Lethal Weapons Certification)?

Yes No Pending (please explain) _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	MAJOR & DEGREE	GRADUATED (Please specify yes or no)
High School				
College				
Bus. or Trade School				
Professional School				

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Do you possess a driver's license? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE POSITIONS ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac Other _____ Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete history of experience. Please use the space below to summarize any additional information necessary to describe your qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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MILITARY
SERVICE

Have you ever been in the Armed Forces? Yes No

Are you presently a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Characterization of Service per DD214 (Honorable, General, Dishonorable, Other) _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Please attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates
Address City, State, Zip Code Phone number		From
		To
Job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	
Reason for leaving (be specific)		
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? _____

PLEASE READ CAREFULLY

APPLICATION CERTIFICATION AND AGREEMENT

I certify the facts set forth in this employment application are true and complete to the best of my knowledge and authorize Information Network Associates, Inc. to verify their accuracy and to obtain reference information on my work performance, upon acceptance of a conditional offer of employment. I hereby release Information Network Associates, Inc. from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for termination of employment.

I understand should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand any employment offered is at will and either I or Information Network Associates, Inc. may terminate employment at any time with or without notice or cause.

Signature of Applicant

Print Name

Date

EOE M/F/Vet/Disability

It is the policy of INA to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information, or any other protected characteristics under applicable law. This policy relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce and termination, rates of pay or other forms of compensation, selection for training, use of all facilities, and participation in all company-sponsored employee activities. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity, or age limitations will be adhered to by the company where appropriate.

INA will take steps to ensure minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.

Thank you for completing this application form and for your interest in our business.