

APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip code

Phone No. (_____) _____ Referred by _____

Position Applying for _____ Full Time Part Time Specify Hours _____

E-Mail Address _____

Date you can start ____/____/____ Compensation / OTE Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain: _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes No
(Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire.)

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.) Yes No

If yes, please describe fully the convictions(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).

EDUCATIONAL BACKGROUND	NAME & LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

WORK EXPERIENCE <i>(Please list below your last three employers, starting with your present or last place of employment.)</i> You may include any verifiable work performed on a volunteer basis, internship or military service.					
Date Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					

COMPENSATION HISTORY – Please provide the following information for the past years.

	2010	2009	2008	2007
Annual Base Salary				
Compensation Goal - Target				
Quota / Total Achievement				
W-2 Total for that year	XXXXXXXXXXXXXXXX			

REFERENCES

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

	Name & Position	Company	Telephone Number
1.	_____		
2.	_____		
3.	_____		

APPLICANT CERTIFICATION – PLEASE READ CAREFULLY

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company’s president and me.

I further understand that I am responsible for being familiar with the Company’s policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms. * I release all parties from any liability arising out of this provision and the use of such information.

Applicant’s Signature _____ Date _____ / ____ / ____

**Federal law requires a separate release form when obtaining Consumer Credit Reports.*



**EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION INFORMATION FORM**

The immixGroup is committed to equal employment opportunity and affirmative action. The immixGroup is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the immixGroup invites employees and applicants to voluntarily self-identify their gender, race or ethnicity, veteran status and / or disability status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The immixGroup does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in provision of services or employment opportunities and benefits.

Position applied for _____ Date _____

Department _____

Applicant Name _____

Gender FEMALE MALE

Race [select one of the following]

- ___ American Indian or Alaskan Native
- ___ Asian (Not Hispanic or Latino)
- ___ Black or African America (Not of Hispanic or Latino)
- ___ Hispanic or Latino
- ___ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ___ Two or more races (Not Hispanic or Latino)
- ___ White (Not Hispanic or Latino)

Vietnam Era Veteran YES NO

Veteran (other than Vietnam) YES NO

Special Disabled Veteran YES NO

Individual with Disabilities YES NO

How did you hear of this position opening _____

I do not wish to Self-Identify (signature) _____