



**Innovative
Business
Concepts**

Application for Employment

Please print (black or blue ink) or type.

You may attach additional sheets of qualifying information to this application

Date of Application		Position(s) Applied For	
Last Name		First Name	Middle Initial
Street Address			
City, State, Zip Code			
Telephone Number Day () -		Telephone Number Night () -	Social Security Number

Type of Employment Desired Full-Time Part-Time (indicate days of week and approx. # of hours per week: _____)

Can you perform the essential functions of the job for which you are applying? Yes No Date Available for Work _____

Have you ever been employed here before? If yes, list position(s) held and dates of previous employment.	Yes	No
Are you legally authorized to work in the U.S.? Proof of legal authorization to work in the U.S. will be required upon employment.	Yes	No
Have you been convicted of a felony in the last seven years? Such conviction may be relevant if job-related, but does not automatically bar you from employment. If yes, please explain.	Yes	No

EDUCATION AND TRAINING

Type of School	Name of School And Location / Address	Check Last Year Attended in School				Degree, Certificate or Area of Study
		9	10	11	12	
High School						
College		1	2	3	4	
Business or Trade		1	2	3	4	
Other						

Summarize special skills, experience and qualifications, professional training or certifications that may qualify you for the position for which you are applying.

REFERENCES

Name	Telephone Number	Years Known

Innovative Business Concepts, Inc. is an equal opportunity employer. The following requested information is voluntary and only necessary for statistical purposes in compliance with government regulations. This data is confidential and will for official company use only.

APPLICANT PROFILE

Date of Birth: ____/____/____	Height: _____ Approx. Weight _____	Please describe your current health status or any physical issues <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Other (Explain)
State name and department of any relatives already employed by this company:		
How did you learn about this job opportunity?		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Check One: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian Native	
Check All That Apply:	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual

EMPLOYMENT HISTORY

(Begin with the most recent)

Are you currently employed?	Yes	No	If yes, may we contact your present employer?	Yes	No
Current or Most Recent Employer Name			Dates of Employment (month/day/year)		
			From	To	
Address of Current Employer (Street, City, State, Zip Code)			Telephone Number of Current Employer () -		
Type of Business	Your Position Title		Description of Position Duties		
Immediate Supervisor's Name	Immediate Supervisor's Title		Beginning Salary	Current Salary	
Why are you considering leaving?					

Previous Employer Name			Dates of Employment (month/day/year)		
			From	To	
Address of Current Employer (Street, City, State, Zip Code)			Telephone Number of Current Employer () -		
Type of Business	Your Position Title		Description of Position Duties		
Immediate Supervisor's Name	Immediate Supervisor's Title		Beginning Salary	Ending Salary	
Reason for leaving:					

Previous Employer Name			Dates of Employment (month/day/year)		
			From	To	
Address of Current Employer (Street, City, State, Zip Code)			Telephone Number of Current Employer () -		
Type of Business	Your Position Title		Description of Position Duties		
Immediate Supervisor's Name	Immediate Supervisor's Title		Beginning Salary	Ending Salary	
Reason for leaving:					

Previous Employer Name			Dates of Employment (month/day/year)		
			From	To	
Address of Current Employer (Street, City, State, Zip Code)			Telephone Number of Current Employer () -		
Type of Business	Your Position Title		Description of Position Duties		
Immediate Supervisor's Name	Immediate Supervisor's Title		Beginning Salary	Ending Salary	
Reason for leaving:					

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Innovative Business Concepts, Inc. to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for age, disability, national origin, race, color, religion or sex.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand my driving and any criminal records may be checked and I agree to submit to a physical examination if required for the job at the expense of I.B.C. I also understand that I.B.C. has a strict policy against illegal drug involvement by employees that can result in immediate disqualification or dismissal from employment for any such illicit activities occurring on or off the job.

Signature of Applicant: _____ Date: _____