



Employment Application

215 S. Laura Wichita, KS 67211 Phone: (316) 264-7050
Fax: (316) 264-0709 URL: www.isienviromental.com

AN EQUAL OPPORTUNITY EMPLOYER

Application Date _____

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____ Social Security Number _____

Preferred Phone _____ Alternate Phone _____

Are you 18 years or older? _____ Are you authorized to work in the U.S.? _____

How were you referred to **iSi**?

- | | | |
|---------------------------------|-------------------------|------------------|
| _____ Current/Former Employee | _____ Newspaper | _____ Phone Book |
| _____ Job Posting | _____ Employment Agency | _____ Walk-In |
| _____ College Placement Service | _____ Friend | _____ Other |

Specific Referral Source (i.e. Name of Employee, Newspaper, etc.) _____

Application Data

Position Desired _____ Available Start Date _____ Desired Salary _____

Have you ever been employed by **iSi**? _____

If yes, please indicate dates of employment and position _____

Desired Work Schedule _____ Full Time _____ Part Time _____ Temporary _____ Other

Shifts Available to Work _____ 1st _____ 2nd _____ 3rd

Are you willing to work weekends and holidays if needed? _____

Have you ever pled guilty, no contest or been convicted of a crime? _____

If yes, please list all and explain _____

(Answer of "yes" will not necessarily disqualify an applicant from employment)

Work Experience – Please begin with your current or most recent employer.

Name of Employer _____ City _____ State _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Job Title _____ Description of Job Responsibilities _____

Supervisor _____ Title _____ Phone Number _____

May we contact your supervisor? _____ Reason for Leaving _____

Name of Employer _____ City _____ State _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Job Title _____ Description of Job Responsibilities _____

Supervisor _____ Title _____ Phone Number _____

May we contact your supervisor? _____ Reason for Leaving _____

Name of Employer _____ City _____ State _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Job Title _____ Description of Job Responsibilities _____

Supervisor _____ Title _____ Phone Number _____

May we contact your supervisor? _____ Reason for Leaving _____

Name of Employer _____ City _____ State _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Job Title _____ Description of Job Responsibilities _____

Supervisor _____ Title _____ Phone Number _____

May we contact your supervisor? _____ Reason for Leaving _____

Education

High School _____ Number of Years Attended _____

City _____ State _____ Did you Graduate? _____

College or University _____ Number of Years Attended _____

City _____ State _____ Did you Graduate? _____

Major/Areas of Study _____

College or University _____ Number of Years Attended _____

City _____ State _____ Did you Graduate? _____

Major/Areas of Study _____

Professional/Technical _____ Number of Years Attended _____

City _____ State _____ Did you Graduate? _____

Major/Areas of Study _____

Please list any special training or skills _____

Professional References

Name _____ Company _____

Title _____ City _____ State _____ Phone Number _____

Years Acquainted _____

Name _____ Company _____

Title _____ City _____ State _____ Phone Number _____

Years Acquainted _____

Name _____ Company _____

Title _____ City _____ State _____ Phone Number _____

Years Acquainted _____

Applicant Statement

“I certify that all of the information provided by me in this application or any other documents required during the application process are correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts in these documents may be cause for denial of employment or termination of employment if already employed.”

“I understand that submission of this application does not guarantee employment. I also understand that, should an offer of employment be extended by **iSi**, that such employment is at will and may be terminated by myself or **iSi** at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of **iSi** or its representatives used during the employment process is deemed a contract of employment. I understand that no representative of **iSi** except the President has the authority to enter into any agreement guaranteeing conditions of employment or any agreement contrary to the foregoing statements, and that such agreements must be made in writing and signed by the President of **iSi**.”

“I understand that if offered a position with **iSi**, I will be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment requirements will result in withdrawal of any employment offer or termination of employment if already employed.”

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENTS.

Signature of Applicant _____ Date _____

Voluntary Self-Identification

iSi is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for EEO/Affirmative Action reporting. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be will be kept separate from your application and will only be accessed by the Human Resources Department.

GENDER (Please check one of the options below):

_____ Male _____ Female

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify):

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

VETERAN STATUS: (Please check all that apply):

_____ **Disabled Veteran** – (i) A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

_____ **Other Protected Veteran** – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ **Armed Forces Service Medal Veteran** – A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 2996 Comp., p. 159).

_____ **Recently Separated Veteran** – A veteran within 36 months from discharge or release from active duty in the U.S. military, ground, naval, or air service.

Date Completed: _____

Thank you for your participation.