



Employment Application

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