



IME Civil & Surveying

Employment Application

Please print or type. The application must be fully completed to be considered for employment. Please complete each section, even if you have attached a resume.

Applicant Information

| | | | |
|------------|----------------------------------|--------|-------|
| Full name: | _____ | Date: | _____ |
| | <i>Last First M.I.</i> | | |
| Address: | _____ | Phone: | _____ |
| | <i>Street address Apt/Unit #</i> | | |
| | _____ | Email: | _____ |
| | <i>City State Zip Code</i> | | |

Position

| | | | |
|--|------------------------------------|------------------------------------|---|
| Date Available: | _____ | Desired salary: | \$ _____ |
| Position applied for: | _____ | | |
| Employment Desired: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Seasonal/Temporary |
| Are you a citizen of the United States? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If no, are you authorized to work in the U.S.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have you ever worked for this company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when? _____ |

Education

| | | | |
|--------------|----------------|--|----------------|
| High school: | Address: _____ | | |
| From: _____ | To: _____ | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: _____ |
| College: | Address: _____ | | |
| From: _____ | To: _____ | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree: _____ |
| Other: | Address: _____ | | |
| From: _____ | To: _____ | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree: _____ |

Military Service

Branch: _____ From: _____ To: _____

Resume Attached? ☐

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

References

Please list three professional references.

| | | | |
|------------|-------|---------------|-------|
| Full name: | _____ | Relationship: | _____ |
| Company: | _____ | Phone: | _____ |
| Address: | _____ | Email: | _____ |
| | | | |
| Full name: | _____ | Relationship: | _____ |
| Company: | _____ | Phone: | _____ |
| Address: | _____ | Email: | _____ |
| | | | |
| Full name: | _____ | Relationship: | _____ |
| Company: | _____ | Phone: | _____ |
| Address: | _____ | Email: | _____ |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. By signing this application, I agree to a drug test and criminal background check.

| | | | |
|---------------|-------|-------|-------|
| Signature: | _____ | Date: | _____ |
| Printed Name: | _____ | | |



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes IME Civil & Surveying, LLC to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies. Please complete all the information below.

Please print:

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names Used: (Maiden, aliases, legal name change, etc.)

DOB: _____ DL#: _____ State: _____

Previous Addresses in past 7 years:

Have you ever been convicted of any crime? Yes _____ No _____

If "Yes," explain:

Applicant's signature: I have reviewed and completed this form as applicable to me. I give IME Civil & Surveying, LLC permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of Applicant:

_____ Date: _____

Signature of HR Manager:

_____ Date: _____



Authorization to Obtain Motor Vehicle Record

THE EMPLOYEE/APPLICANT DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. The employee or individual that has applied to become an employee of the below named employer in a position which may involve the operation of a motor vehicle and the employee/applicant gives his or her consent to the release of their driving record (MVR) for review by:

IME Civil & Surveying, LLC

2. That the employee/applicant authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That all information presented in this form is true and correct. The employee/applicant makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form may result in termination of employment.

Name of Employee/potential employee: _____
Print name as it appears on Driver's License

License Number & State: _____

Date of Birth: ____/____/____

Signature of employee/potential employee: _____

Date: _____