

Innovative Injection Technologies

Application for Employment

Innovative Injection Technologies (i2 tech) is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, sex, national origin, age, religion, disability, status as a Vietnam-era or special disabled veteran, or status in any group protected by state or local law. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, leaves of absence, and compensation.

Personal Information (Please Print)

Name (Last) (First) (Middle initial)		Social Security Number
Present Address (Street) (City) (State) (Zip) How Long?		
Home Telephone	Work Telephone	Cellular Telephone
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (PROOF OF ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT.)	Have you filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list date _____
Have you used tobacco products in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked here before? If Yes, give date(s) and position <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been discharged from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when and for what position?		
Are you able to perform the essential functions of the position for which you applied with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Have you ever pled "guilty" to or been convicted of a crime?* If Yes, please provide date(s) and details below. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*ANSWERING "YES" DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS THE DATE OF THE OFFENSE, THE SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.</small>		

Work Preferences

What type of employment do you want? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	What is your desired salary range?
What position(s) are you applying for?	
What date(s) are you available for employment?	What shifts can you work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Any
Will you work overtime, if required? If No, please explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of this opening? <input type="checkbox"/> Internet <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend or relative (list name) _____	

Employment History

Provide the following information for your last four (4) employers, assignments, or volunteer activities, starting with the most recent.
Please fill in as completely as possible – do not mark “refer to resume.”

From	To	Employer	Telephone ()
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$	Final Rate/Salary \$
From	To	Employer	Telephone ()
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$	Final Rate/Salary \$
From	To	Employer	Telephone ()
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$	Final Rate/Salary \$
From	To	Employer	Telephone ()
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$	Final Rate/Salary \$
From	To	Employer	Telephone ()
Job Title		Address (Street Address/City/State/Zip)	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving		Beginning Rate/Salary \$	Final Rate/Salary \$

Educational Background

Name and Location	Number of Years Completed	Major	GPA	Did You Graduate?		Degree
				Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
Colleges(s)				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information

Is there anything you would like us to know that will help us make a hiring decision? I.e., computer skills, licenses, certifications

Military Service

Branch of Service	Dates of Service	Rank at Discharge
Present Membership in National Guard or Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	List Duties: _____	

References

Please provide at least three (3) business/work references that are not related to you. If not applicable, please provide three (3) school or personal references that are not related to you.

Name	Home Telephone Number ()	Work Telephone Number ()
Employer and Position Held	Relationship	Years Known
Name	Home Telephone Number ()	Work Telephone Number ()
Employer and Position Held	Relationship	Years Known
Name	Home Telephone Number ()	Work Telephone Number ()
Employer and Position Held	Relationship	Years Known

Applicant Statement – Read Carefully Before Signing This Application

I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete, and accurate. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Innovative Injection Technologies, its representatives, employees, and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I also give permission for criminal background checks. I hereby waive any and all rights and claims I may have regarding Innovative Injection Technologies, its representatives, employees, and/or agents for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me, but understand my right to privacy shall be respected and the inquiries treated in confidence.

I understand Innovative Injection Technologies does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that my employment will be at will. This means that I am free to resign at any time, with or without cause and without prior notice, and Innovative Injection Technologies reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid.

I understand Innovative Injection Technologies maintains a drug-free workplace. If I am offered employment, my employment is contingent on successful completion of a pre-employment drug screen. I promise to abide by the company's policies prohibiting the use or possession of drugs, alcohol, or any controlled substances, or the misuse of prescribed or over-the-counter medication on agency premises or while at work. I understand also that I may be tested for drugs, alcohol, or controlled substances if I am employed by Innovative Injection Technologies.

I understand that this position may require a background screening, including a credit report.

If I am hired:

I agree to comply with and be bound by Innovative Injection Technologies safety and health rules and regulations, rules of conduct, and any other rule or procedure set forth by my employer.

I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT VERY CAREFULLY.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

If you are hired, this application will become part of your employment records.