

Application for Employment

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. Innovative Tooling & Accessories Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Applicant Information

Name:	Social Security #:			
Address:	Phone Number:			
City:	State:	Zip:		
Position applying for:	Exp	ected compensation:		
E-mail:				
List any other names used if different from name on this app	olication:			
Have you ever been convicted of a felony or subjected to	deferred ad	judication on a felony charge?		
Yes No I If your answer is "Yes" explain in concise of nature of the offense, name and location of the court, and disqualify you, but a false statement will.				
Do you have a legal right to work in the United States? Yes	No □	Proof will be required upon employment.		
Were you ever discharged or asked to resign from a job? $\mathbf{Y} \mathbf{e}$	es 🗌 No 🖺	If "Yes," please explain:		
Education Applicants may be required to provide proof of diploma, degregistrations.	gree, transcri	pts, licenses, certifications, and		
Did you graduate from High School or receive a GED? Yes				

		Dates Attended				Expected		
	Name and Location of	Froi	n	То		Date	Graduation	Major/Minor
Type of School	School	Month	Year	Month	Year	Graduated	Date	Fields of Study
Undergraduate								
Colleges or								
Universities								
Graduate Schools								
Schools								
Technical or								
Vocational								
Schools								



<u>Past Employment Experience</u> (Most recent employment first – include military service)

1. Company Name:	Kind of Business:			
Address:	State:	Zip:	Phone #	_
Job Title:		Current/Final	Compensation:	_
Duties:	Employed from/to:			
Name/Title of Immediate Supervisor:				_
Reason for leaving:	May we contact:			
2. Company Name:		Kin	d of Business:	
Address:	State:	Zip:	Phone #	_
Job Title:		Current/Final	Compensation:	_
Duties:		Employed from	om/to:	_
Name/Title of Immediate Supervisor:				_
Reason for leaving:		Ma	ay we contact:	_
3. Company Name:				
Address:	State:	Zip:	Phone #	-
Job Title:		Current/Final	Compensation:	-
Duties:		Employed from	om/to:	_
Name/Title of Immediate Supervisor:				_
Reason for leaving:		M	ay we contact:	_
Training: (Please indicate any experience or training:	ining that you feel o	qualifies you for the	position for which you are applying)	
				_
List dates of active military service:		Branch:	Rank:	



Do you have any commitment or legal obligations to another employer that might affect your employment with us? (e.g. restrictive covenant, non-competition or confidentiality agreement, etc)			
If yes, please explain:			
List professional, trade and technical organizations to	which you belong, including offices held:		
Date available for work:			
	MENTS CAREFULLY AND INDICATE YOUR E BY SIGNING IN THE SPACE PROVIDED		
1. I certify that all the information provided by me in document or not, is true and complete, and I understa information may be grounds for refusal to hire or, if I	and that any misstatement, falsification, or omission of		
2. I understand that as a condition of employment, I to work in the U.S.	will be required to provide legal proof of authorization		
3. I authorize any of the persons or organizations refinformation concerning my previous employment, edpersonal or otherwise, with regard to any of the subject parties from all liability from any damages which ma	lucation, or any other information they might have, ects covered by this application, and I release all such		
of time, and may be terminated at any time, with or v	nature of a contract. I agree and understand that if I my employment will be at-will, for an indefinite period without cause or notice, at the option of Innovative that I have the right to end my employment at any time as that same right. I also understand that no one has modification of the foregoing unless such contract,		
Signature:	Date:		