



310 North First Street | PO Box 397 | Colwich, KS 67030 | icminc.com

EMPLOYMENT APPLICATION

ICM, Inc. is an equal opportunity employer

DIRECTIONS:

- Type or print, using blue or black ink
- If you need additional space, attach a supplemental sheet
- Sign the completed application

PLEASE COMPLETE THE ENTIRE APPLICATION

GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION		
ADDRESS			PHONE NO. – DAY		PHONE NO. – EVENING
CITY, STATE, ZIP CODE			EMAIL ADDRESS		BIRTHDATE (ANSWER ONLY IF UNDER 18)
HAVE YOU PREVIOUSLY WORKED FOR ICM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY BEFORE?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (including driving under the influence or similar offense) OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.					

POSITION

TYPE OF POSITION APPLYING FOR		HOW DID YOU HEAR ABOUT THIS JOB?			
DATE AVAILABLE: POSITION DESIRED: <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME REGULAR		SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF HOURS PER DAY		WAGE/ SALARY EXPECTED	

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()	
POSITION DESCRIPTION					
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()	
POSITION DESCRIPTION					
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING	
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()	
POSITION DESCRIPTION					

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL OR	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
CITY & STATE					
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL OR	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
CITY & STATE					
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
CITY & STATE					
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			
CITY & STATE					

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT ICM.

LANGUAGE ABILITY—LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK	READ	WRITE	SPANISH	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGNAIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize ICM, Inc. to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by ICM, Inc. pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to ICM, Inc. pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize ICM, Inc. to deduct from wages due me at any time the value of any unreturned company property of ICM, Inc. entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of ICM, Inc. now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with ICM, Inc. that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, RELIGION, or DISABILITY.

Employment is contingent upon furnishing evidence of identity and employment eligibility and passing a pre-employment drug screening and background check.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	MAILING ADDRESS	PHONE