



Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number	Social Security Number
	- -

Position(s) Applied For	Date of Application

Salary Expected

How did you learn about Ihrie Supply Company Inc.?

- Advertisement—Specify: Employment Agency—Specify:
 Employee Referral—Which employee? Other—Specify:

Have you applied for a position with us before? No Yes—Specify date:

Have you ever been employed with us before? No Yes—Specify date and position:

Are you currently employed? No Yes

Are you currently on "lay-off" status and subject to recall? No Yes

On what date would you be available for work?

Are you available to work: Full-time Part-time All shifts Temporary

Can you travel for work if necessary? Yes No

Are you legally permitted to work in the United States? Yes No

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older? Yes No

Are you willing to take drug tests at the Company's request? No Yes

Have you ever gone by a name other than the one listed above? No Yes—Please list:

EDUCATION

List the last 3 schools attended.

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

NOTE: If you answered "no" to the above question, please skip the rest of this section.

What was the length of your military service? _____ years, _____ months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

EMPLOYMENT HISTORY

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer? Yes No Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer? Yes No Later

Employer	Supervisor
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Address	Phone
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Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay
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Why did you leave this job?

May we contact this employer? Yes No Later

REFERENCES

Name	Phone Number	Years Known

ADDITIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

Awards or Honors Received:

Professional or Civic Activities:

Licenses or Certifications

Activities or Sports You Participate(d) In

Do you have any foreign language skills? No Yes—Specify:

Can you perform all necessary job functions with or without reasonable accommodation?

Yes No

PROFESSIONAL PROFILE

Please answer all questions in this section. You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

What are your main areas of professional interest?

Why do you want to leave your current employer (if any)?

Why do you want to work for Ihrie Supply Company Inc.?

Explain a piece of criticism you have received and how you responded to it.

In what work setting or environment do you prefer to work?

Explain one of your greatest professional accomplishments and why it was so great.

Explain a time where you failed and how you dealt with that failure.

Career Goals and Aspirations

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Ihrle Supply Company Inc. from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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NOTIFICATION OF REQUEST FOR INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES

This document hereby notifies you that Ihrie Supply Co., Inc. has requested an investigative consumer report of you for employment purposes. The investigative consumer report may involve personal interviews of many people, including your relatives, friends, and co-workers, and may include (among other things) information concerning your character, general reputation, personal characteristics, and mode of living. The information obtained by this report may be used (in whole or in part) for the purpose of serving as a factor in determining your eligibility for employment purposes. Consequently, the information contained in this report may affect your ability to obtain employment, promotions, reassignment, or retention as an employee of Ihrie Supply Co., Inc.

You also are hereby advised that you have rights related to the information received through this report. Particularly, you may make a written request for disclosures from regarding the nature and scope of the investigation requested within sixty days after the receipt of this Notification.

In addition, you have additional rights under the Fair Credit Reporting Act which are contained in the Summary of Your Rights under the Fair Credit Reporting Act.

Date Sent: _____

Employee/Applicant's Signature

AUTHORIZATION TO REQUEST CONSUMER REPORT FOR EMPLOYMENT PURPOSES

This document hereby authorizes Ihrie Supply Co., Inc. to request a consumer report on my behalf for employment purposes. I understand that a consumer report may consist of any information by a consumer reporting agency which bears on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used (in whole or in part) for the purpose of serving as a factor in determining my eligibility for employment purposes. I further understand that this report may affect my ability to obtain employment, promotions, reassignment, or retention as an employee. I further expressly consent to the disclosure of any and all of the above information of Ihrie Supply Co., Inc. by a consumer reporting agency.

Employee/Applicant's Signature

Date

IHRIE SUPPLY COMPANY, INC.

Substance Abuse Program

CHEMICAL SCREENING CONSENT AND RELEASE FORM

I understand that drug testing is being requested of me for the following reason:

_____	Employment Applications	_____	For Cause
_____	Post-Accident	_____	Post-Rehabilitation
_____	Customer Substance Abuse Program	_____	Sensitive Position
_____	Other Testing Program (Describe)	_____	

I understand and consent freely and voluntarily to the Company's request for urine or other specimen or sample. I hereby release and hold harmless the Company, the Laboratory, their employees, agents, and contractors from any liability arising from the request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment or my continued employment, based upon the results of the tests. I consent to allow any Company employee, designated physician, laboratory, hospital, or medical professional to perform appropriate chemical tests for the presence of alcohol, drugs, or other controlled substances. I give my permission to any Company employee, designated physician, laboratory, hospital, or medical professional to release the results of these tests to the company, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I hereby consent to allow Ihrie Supply Company, Inc. or its designated representative to verify and/or confirm the above information with prescribing physicians.

Applicant/Employee Signature _____

Witness _____

Branch _____

Date _____

Initialed by Controller _____

AUTHORIZATION TO REQUEST A MVR FOR EMPLOYMENT PURPOSES

This document hereby authorizes Ihrie Supply Co., Inc. to request a Motor Vehicle Report on my behalf for employment purposes. I understand that information obtained by this report may be used for the purpose of serving as a factor in determining my eligibility for employment purposes. Consequently, the information contained in this report may affect your ability to obtain employment or retention as an employee of Ihrie Supply Co., Inc.

Date of Birth

Social Security Number

Driver License Number

Issue Date

Expiration Date

State Where Issued