

Interstate Professional Group Inc.

Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PERSONAL INFORMATION				
DATE _____				
Name _____				
	Last	First	Middle	(Maiden)
Present Address				
	Number	Street	City	State Zip
Daytime Telephone () _____ Evening Telephone () _____				
Email Address: _____				
Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Origin: _____				
Position applied for (1) _____ Position applied for (2) _____				
State(s) of Interest: _____ Are you willing to Relocated: _____				
Salary Desired _____				

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date: _____		

EDUCATION / TRAINING – Include Technical / Academic Achievements / Courses				
Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College/University				
Specialized Courses & Training				

PROFESSIONAL & TECHNICAL INFORMATION – To Be Completed for Licensed / Registered Positions			
Texas Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Texas, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state(s), please list:	

OTHER SPECIAL SKILLS – List Other Specific Skills You Have Offer This Job Opening:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Dates: Start: End:	Company Name	City/State
Title and Duties:		
Reason for Leaving (<i>be specific</i>):	Supervisor's Name:	Telephone Number
List the jobs you held, duties performed, skills used or learned, advancements/promotions while you worked at this company.		

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List the jobs you held, duties performed, skills used or learned, advancements/promotions while you worked at this company.		

MILITARY – Branch of Service

Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Specialty _____ Date Entered _____ Discharge Date _____
Describe any military training received relevant to the position for which you are applying:

APPLICATION FOR EMPLOYMENT

Do you have a valid driver's license? Yes No

What is your means of transportation to work? _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

REFERENCES - Please list two references other than relatives or previous employers

Name: _____

Company: _____

Occupation: _____

Contact Information: _____

Name: _____

Company: _____

Occupation; _____

Contact Information: _____

Name: _____

Company: _____

Occupation: _____

Contact Information: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

The information on this application is true and accurate to the best of my knowledge.

Signature

Date

Please return completed application to:
Interstate Professional Group Inc.
318 W. Main Street Suite 207
Arlington, Texas 76010