



APPLICATION FOR EMPLOYMENT

Your application will be held for a period of six (6) months.

If you make any changes such as address, phone, or employment status, notify Human Resources.

This is an application to be considered for employment with ITP. ITP does not discriminate in hiring or employment on the basis of race, creed, color, religion, sex, age, national origin, handicap, veteran status, or any other legally protected status.

Employment is contingent upon satisfactory completion of a pre-employment test for the presence of illicit drugs or abuse substances.

PLEASE PRINT

Name: _____ Date: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Email: _____

Position applied for: _____ Hours preferred: _____

Full-time Part-time Seasonal Salary requirements: _____

Date available to start: _____

How did you learn about ITP? Advertisement Friend Relative Employment Agency Walk in Other _____

Have you ever been employed by ITP? Yes No If yes, give month and year you started: _____

List any relatives working for ITP: _____

Are you a U.S. citizen or do you have approval to work in the United States? Yes No

Have you ever been convicted of (i.e., found guilty by a judge or jury, or pleaded guilty or no contest to) a felony crime? Yes No

If yes, please explain: _____

ITP will take into account only a potentially job-related conviction in making an employment decision. Conviction of a crime will not exclude an applicant in all circumstances.

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Number of years attended	Graduated?	Course or Major
Elementary			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Master's			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Employment or Professional)

Name	Address	Title	Phone

QUALIFICATIONS

What information would you like us to know which would help us in placing you and which you feel is relevant in qualifying you for the type of employment you are seeking? (i.e., skills, military experience, training, additional experience, etc.)

ACTIVITIES

Please list activities that are relevant, current professional memberships, and volunteer experience. (Please do not include organizations which would reveal race, color, religion, sex, age, disability, national origin, ancestry, or another legally protected status.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name:	Telephone ()
Address:	Employed (Provide month and year) From: To:
Name of Supervisor and Title:	Pay rate Start: Finish:
Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Work:	Reason for leaving:

Company Name:	Telephone ()
Address:	Employed (Provide month and year) From: To:
Name of Supervisor and Title:	Pay rate Start: Finish:
Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Work:	Reason for leaving:

Company Name:	Telephone ()
Address:	Employed (Provide month and year) From: To:
Name of Supervisor and Title:	Pay rate Start: Finish:
Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Work:	Reason for leaving:

Company Name:	Telephone ()
Address:	Employed (Provide month and year) From: To:
Name of Supervisor and Title:	Pay rate Start: Finish:
Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Work:	Reason for leaving:

Are you at least 18 years of age? Yes No
If no, please list your birthdate: _____

NOTE: Applicants must be available for work on all three shifts. Anyone accepting employment must be willing to work on weekends if scheduled.

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANT'S CERTIFICATION AND AGREEMENT

If you have any questions regarding this statement, please ask Human Resources before signing.

I hereby give ITP the right to make a thorough investigation into my previous employment, education, and references; and I release from liability all persons, companies, and corporations supplying such information.

I understand that any false or misleading answer, statement, or representation made by me in this application may constitute sufficient cause for discharge. I also understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between ITP and myself. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that ITP retains the same right.

I understand that if I accept employment, I must comply with all the rules, regulations, and policies of the company.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant

Date

NOTICE TO ALL APPLICANTS

Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence, or an alien authorized to work in the United States?

- Yes
 No

The Immigration Reform and Control Act prohibits employers from hiring individuals without verifying that the individual is eligible to be employed in the United States.

All successful applicants hired must verify their employment eligibility in order for ITP to comply with this law. If hired, you must present documents that establish both your identity and authorization to be employed in the U.S. before you start work. We will ask you to bring these documents on your first day of work. Failure to provide these documents will mean that you will not be able to start working on that day.

The lists below indicate which documents will currently satisfy these requirements. If you have one of the documents in List A, that will satisfy both requirements. If you do not have a document from List A, you must produce one document from List B and one document from List C.

Job offers will be contingent on your ability to produce the required documents. If you have any questions, please contact Human Resources.

List A:

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamped or attached INS Form I-94 indicating unexpired employment authorization
5. Alien registration receipt card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

List B:

1. Driver's license or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

List C:

1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired Employment Authorization Document issued by the INS (other than those listed under List A)

NOTICE TO APPLICANTS

ITP is an Equal Opportunity Employer. The following data is requested for statistical purposes relating to compliance with government affirmative action requirements and will be recorded and filed separately from your employment application. Completion of this section is OPTIONAL.

(PLEASE PRINT)

Position applied for: _____

Date: _____

Check one: Male Female

Check one:

White Hispanic

Asian African American

American Indian Other _____

Check one:

Veteran Yes – Vietnam Era

Yes – Other than Vietnam

No

Disabled Yes – Disabled Veteran

Yes – Other Disability

No



POST OFFER

PRE-EMPLOYMENT DRUG TESTING

One of the requirements for consideration of employment with ITP is the satisfactory passing of a pre-employment urine drug test.

In order to provide a safe and healthful environment for employees and visitors, the Company has established a substance abuse policy. The following are prohibited on the premises: possession, distribution, consumption, use or evidence of use, of alcohol or illegal and unauthorized drugs and other harmful substances. Those applicants considered as final candidates for employment will be required to undergo a urine drug test. If the test is positive, the candidate is no longer considered for employment.

Individuals who have been disqualified due to positive test results will be eligible to re-apply for work one (1) year after having been eliminated from consideration. These applicants must be able to show proof of their completion of a reasonable drug and alcohol evaluation and/or treatment program, and once again satisfactorily pass a pre-employment drug test.

PRE-EMPLOYMENT CONSENT/WAIVER FORM

I have read and understood the ITP drug testing policy. I accept the conditions for consideration of employment and I consent to the requirements of the urine drug test. I agree to submit to this medical test, and I authorize the testing facility to provide the results of this test to ITP. I consent freely and voluntarily to ITP's request and hereby release and hold harmless the Company, its employees, agents, directors and officers from any liability whatsoever arising from the request to furnish a specimen, the testing of my specimen, and the decision made concerning my application for employment based upon the results of the test.

Date

Applicant

Witness

NOTE: A copy of this form will be given to the applicant to take to the testing facility.