



THE IFH GROUP, INC./The IFH Group West, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Name Last: _____ First: _____ Middle Initial: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Message:** _____ Are you over 18 years of age? **Yes** **No**

After employment, can you submit proof of legal right to work in the U.S.? **Yes** **No**

What hours are you available to work? _____ Can you work overtime, including weekends? **Yes** **No**

Shift? _____ Do you have reliable transportation? **Yes** **No**

EMPLOYMENT DESIRED

Date you can start: _____ Position desired: _____

Hourly Rate/Salary desired: _____ Type of position: Full time Part Time Other:

Are you currently employed? _____ If yes, may we contact your current employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other: _____

Have you ever worked for this company before? Yes No Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	No. of yrs.	Degree	Subjects
		Attended	Received	studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

Have you ever been known by any other name(s) that this company will require to verify information on this application?

In case of emergency, notify: Name: _____ Phone: _____ Mobile/Landline: _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience, certification and/or training that would enhance your ability to perform the position applied for? If yes, please explain below:

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

The IFH Group, Inc./The IFH Group West, LLC, is an equal opportunity employer. The IFH Group, Inc./The IFH Group West, LLC, does not discriminate in employment on account of race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty, status as a covered veteran, or any other status protected by law in accordance with applicable federal, state and local laws. The IFH Group, Inc./The IFH Group West, LLC, complies with applicable federal, state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The IFH Group, Inc./The IFH Group West, LLC, to hire me. If I am hired, employment is contingent upon me successful passing of a drug screen and background check. I understand that The IFH Group, Inc./The IFH Group West, LLC, or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The IFH Group, Inc./The IFH Group West, LLC, has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The IFH Group, Inc./The IFH Group West, LLC, true and complete information on this application. No requested information has been concealed. I authorize The IFH Group, Inc./The IFH Group West, LLC, to contact references provided for employment reference checks. **If any information I have provided is untrue, or if I have concealed information, I understand that this will constitute cause for the denial of employment or my immediate dismissal.**

Signature: _____

Date: _____

E-mail: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.