



3445 NE 24th Street  
Ocala, Florida 34470  
Phone (352) 732-8566 \* Fax (352) 369-7329  
*Drafting / Permitting / Consulting*

**APPLICATION FOR EMPLOYMENT**  
**READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION**

**I understand and agree that any false information provided herein may be cause for denial of employment or dismissal in the event of employment. As an applicant for a position with Initial Phase Construction Services, Inc., I hereby authorize the release of information regarding my education and work history for use to determine my qualifications for employment.**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Are you known or have been known by another name? \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Email: \_\_\_\_\_

**POSITION APPLIED FOR:**

Job Title/Description: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work:  Full-time  Part-time  Day  Evening

Will you accept temporary employment?  Yes  No

Have you ever been convicted of a crime, excluding misdemeanors?  Yes  No  
If yes, describe in full.

Are you legally authorized to work in the United States?  Yes  No  
(proof of employment eligibility will be required)

Have you ever served in the Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_ Type of discharge \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Type of School	Name and Location	No. of years completed	Graduated	Degree Received List major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

- If you have a High School Equivalency Diploma (G.E.D.) state name of issuing agency, year issued, and location of issuing agency.

**WORK HISTORY**

List in order, present to past, each position you have held. Account for all periods of unemployment. Resumes may be attached as a supplement but cannot be a substitute for the completion of this application form. If additional space is needed attach supplementary sheets.

<b>1</b>  Dates of employment <i>(month, year)</i> From: _____  To: _____	<b>Position Held:</b>
	Name of employer ( <i>firm, organization, etc.</i> ) and address ( <i>including ZIP</i> )  Type of Business:  Average hours worked per week
	Name and title of immediate supervisor
Starting Salary \$ _____	Reason for leaving:
Final \$ _____	May we inquire of current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  Area code and phone no. _____

<b>2</b>	<b>Position Held:</b>
	<p>Dates of employment (month, year)</p> <p>From: _____</p> <p>To: _____</p> <p>Name of employer (<i>firm, organization, etc.</i>) and address (<i>including ZIP</i>)</p> <p>Kind of Business:</p> <p>Average hours worked per week</p>
Starting Salary \$ _____	Name and title of immediate supervisor
	<p>Reason for leaving:</p> <p>May we inquire of current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Area code and phone no. _____</p>
Final \$ _____	

<b>3</b>	<b>Position Held:</b>
	<p>Dates of employment (month, year)</p> <p>From: _____</p> <p>To: _____</p> <p>Name of employer (<i>firm, organization, etc.</i>) and address (<i>including ZIP</i>)</p> <p>Kind of Business:</p> <p>Average hours worked per week</p>
Starting Salary \$ _____	Name and title of immediate supervisor
	<p>Reason for leaving:</p> <p>May we inquire of current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Area code and phone no. _____</p>
Final \$ _____	

**SKILLS AND QUALIFICATIONS**

List special qualifications and skills with machines and equipment (office, printing, word processing, public speaking, computer hardware and software, etc.; important publications; membership in professional or scientific societies; etc.)

List any Professional License or Certificates that are currently valid (e.g. nurse, lawyer, C.P.A. radio operator, plumber, electrician, etc.)	State or other Licensing Authority	Year of first License or Certificate	Year of latest License or Certificate	Expiration Date

Do you have a current valid Driver's License?  Yes  No

**Upon request, candidate must provide documentation of any attainments claimed on the application form to include: certificates, licenses, visas, degrees, registrations, etc.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** Failure to sign above or to answer all questions on this application may result in loss of employment. IPC Services, Inc. does not discriminate on the basis of race, color, national and ethnic origin, sex, marital status, religion, or disability.

**OFFICE USE ONLY**