Application for Employment

We are an equal opportunity employer and always employ qualified individuals based upon job related qualifications regardless of race, religion, color, sex, national origin, disability, or other classification proscribed under applicable federal, state, or local law.

PERSONAL INFORMATION

			Application Date:	
Last Name, First Name			Social Security Number	
Present Address:	Apt#	City	State	Zip
Permanent Address:	Apt#	City	State	Zip
Are you 18 years or older? O Yes O No Date of Birth:	Phone Number:		Email Address:	
Are you related to a current employee of IMC? (marriage, birth, etc.) O Yes O No If yes, please describe				

DESIRED EMPLOYMENT

Position:	Starting Date:	Salary Desired:
Are you employed now? O Yes O No	If so, may we inquire of your present employer? O Yes O No	
Have you applied with this Company before? O Yes O No	If so, where?	When?
Have you ever worked for this Company? O Yes O No	If so, where?	When?
Reason for leaving Investors Management Company?		
Name of last supervisor at IMC?		
Who referred you to this company?		

EDUCATION

School Level	Name & Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence				

GENERAL

Subjects of special study or research work:
Special Training:
Special Skills:

FORMER EMPLOYERS

List below your last three employers, starting with the most recent one first

Name of Present or Last Employer:				
Address		City	State	Zip
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? O Yes O No		
Name of Supervisor:		Title:	Phone:	
Description of work duties:				
Reason for Leaving:				

Name of Present or Last Employer:				
Address		City	State	Zip
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? O Yes O No		
Name of Supervisor:		Title:	Phone:	
Description of work duties:				
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Name of Present or Last Employer:				
Address		City	State	Zip
Starting Date:	Leaving Date:	Job Title:		
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? O Yes O No		
Name of Supervisor:		Title:	Phone:	
Description of work duties:				
Reason for Leaving:				

REFERENCES

Below give the names of three persons you are not related to whom you have known for at least one year.

Name	Address	Phone Number	Business/ Occupation	Years Acquainted

SERVICE RECORD

Branch of Service:	Discharge Date:

Have you been convicted of a felony? O Yes O No
Please explain if you answered yes:

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that is employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein. I release the Company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the forgoing unless it is in writing and signed by an authorized company representative.

By signing this document, I am providing the above named Organization my consent for an initial credit and criminal background check as well as any subsequent background checks deemed necessary throughout the length of my employment with Investors Management Company.

_____ _____

Date Signature