

IMA Recreation Association

APPLICATION FOR EMPLOYMENT

Please write legibly, complete all sections and sign where requested.

Date _____

Name _____
(Last) (First) (Middle)

Present Address _____
(Number) (Street)

(City) (State) (Zip)

Telephone Number (____) _____

How Long Have You Lived At Your Present Address? _____ Years _____ Months

Previous Address _____
(Street) (City) (State) (Zip)

The Position You Are Applying For: _____

GENERAL INFORMATION

Please indicate below the hours of availability:

Sun: _____ Mon: _____ Tues: _____ Wed: _____
Thurs: _____ Fri: _____ Sat: _____

Some IMA positions may require working through lunch, on Saturdays, Sundays, holidays and evenings. Are you willing to work such a schedule? () YES () NO

Expected starting rate of earnings: \$ _____ per hour \$ _____ per week

How did you hear of this position? _____

Have you worked with us before? () YES () NO-If yes, when/how long? _____

Please indicate experience & skills which especially qualify you for the position for which you are applying including grounds/office/computer equipment: _____

Do you have a legal right to work in the U.S.? () YES () NO

Do you own your own car? () YES () NO

Are you over 18? () YES () NO (If no, hire is subject to minimum legal age requirements)

EDUCATIONAL HISTORY

Did you graduate from High School: () YES () NO

Name of High School: _____ City _____ State _____

Name of College: _____ City _____ State _____

Graduated () YES () NO Years completed 1 2 3 4 5

Bachelors () YES () NO Masters () YES () NO Doctorate () YES () NO

Major: _____ Minor: _____

Explain any specialized training, additional schooling or education awards you have received which are applicable to the work you are applying for: _____

PERSONAL REFERENCES

(MINIMUM OF 3 REFERENCES REQUIRED. Do Not List Any Relatives.)

	NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____	() _____
2.	_____	_____	_____	() _____
3.	_____	_____	_____	() _____

CURRENT AND PREVIOUS EMPLOYMENT

List in reverse order beginning with your present employer:

May we contact your current employer? YES _____ NO _____

When will you be available to start work? _____

Company Name _____

Address _____

Phone Number () _____

Position (Job/Title) _____ Dates (From – To) _____

What was the reason you were separated from this employer: (CHECK ONLY ONE)

Voluntary Quit ____ Discharge for Cause ____ Lack of Work ____

Supervisor's Name & Title _____

Company Name _____

Address _____

Phone Number () _____

Position (Job/Title) _____ Dates (From – To) _____

What was the reason you were separated from this employer: (CHECK ONLY ONE)

Voluntary Quit ____ Discharge for Cause ____ Lack of Work ____

Supervisor's Name & Title _____

Company Name _____

Address _____

Phone Number () _____

Position (Job/Title) _____ Dates (From – To) _____

What was the reason you were separated from this employer: (CHECK ONLY ONE)

Voluntary Quit ____ Discharge for Cause ____ Lack of Work ____

Supervisor's Name & Title _____

What do you know about our company? _____

List any friends/relatives working with us now: _____

Have you ever been convicted of a felony? ()YES ()NO

If YES, please explain below: _____

MILITARY

Branch: _____ From-To: _____ Rank at Discharge _____

Duties: _____

Type of Discharge: _____

NOTICE TO APPLICANTS: Federal and State law requires that all applicants be considered without regard to race, religion, color, sex, age, or national origin. We believe in and fully support the principles of Equal Employment Opportunity and the Americans With Disabilities Act, and will fulfill our obligation to the fullest.

The information provided by me in this application is true and complete. I am aware that if I am employed any false, missing or even misleading statements may be considered as reason for possible discipline up to and including immediate discharge.

Signature

Date

RECORDS RELEASE

The IMA Recreation Association is hereby authorized to conduct an investigation of my previous employment history, personal history, and/or credit and financial records employing investigative or credit agencies or bureaus of their choice subject to the provisions of the Fair Credit Reporting Act.

Further, I hereby release all of my previous employers of any and all liability related to the disclosure of any information regarding my employment history provided to the bearer of this document.

Signature

Date

NOTICE OF AND RELEASE FOR SUBSTANCE ABUSE TESTING

Part 1 of 2

SUBSTANCE ABUSE POLICY

It is essential that all employees be alert and in full possession of their faculties when working. Substance abuse testing may be necessary to protect the safety of our work force, our work place, and the public. Impairment caused by drugs may cause permanent injury or death. The purpose of this Substance Abuse Testing Policy is to prevent accidents and casualties in IMA operations that result from impairment of employees from illegal drugs and controlled substance, and to maintain high standards of conduct, safety, and job performance.

NOTICE OF SUBSTANCE ABUSE TESTING

All individuals who apply and are being considered for employment with the IMA may be tested for substance abuse before hire. Applicants may not be hired until after the successful completion of possible testing for substance abuse. Any substance abuse testing will be by urine and/or blood and/or hair sample. If the first test is positive for any drug use, the sample will be tested a second time. Prior to the test, you will have an opportunity to provide information about all drugs and/or medication you have recently taken.

If, for any reason, applicants refuse to be tested and withdraw their application for employment, the reason for the applicant's decision will remain confidential. The test results of all individuals who test positive and are rejected for employment will remain confidential.

RELEASE AND WAIVER OF ALL LIABILITY FOR SUBSTANCE ABUSE TESTING

I ("undersigned") have read, I am aware of, and I understand the IMA's policy on substance abuse testing. I further am aware and understand that I may be required to provide a urine and/or blood and/or hair sample for testing. I give my free and voluntary consent to the substance abuse testing and to the release of all test results and other information to the IMA.

In signing this statement and in consideration of the right to be an applicant for hire with the IMA, I for myself, personal representatives, assigns, and heirs, hereby release and hold harmless (including attorney fees) the IMA, its successors, assigns, subsidiaries and affiliates, officers, directors, agents, and employees, from any and all liability for injuries to person, property, or reputation suffered by me as a result of any possibly substance abuse test(s) and as a result of the release of the test results and other medical information to the IMA.

Further, I warrant that the following statements are true and correct and I acknowledge that the IMA has relied on them in giving the Undersigned consideration as an applicant for hire:

1. No oral representations, statements, or inducements apart from the foregoing written statements have been made to me.
2. I assume full responsibility and risk of injury to person, property, or reputation in connection with the substance abuse testing for consideration as an applicant for hire.
3. I declare that I am not currently taking any controlled narcotic substance whatsoever and do not use any illegal drugs, including marijuana, cocaine, or heroin.
4. I am aware, understand, and agree that positive findings for illegal drugs will disqualify me for employment with the IMA.

I understand, I am aware, and I agree that I may be required to take one or more drug tests as a condition of hiring or continued employment. I agree to take such examination(s) at such time as designated by the IMA and to release the IMA, its directors, officers, agents or employees from any claim arising in connection with use of such examinations.

I have read this notice of and release for substance abuse testing. I am aware and understand what it says. By voluntarily signing below, I agree to it.

Undersigned:

Signature of Applicant

Printed Name of Applicant