



APPLICATION FOR EMPLOYMENT

Please return to:

ICC International

1620 Robert C. Jackson Drive,

Maryville, TN 37801

Tel: 865-983-7444 / Fax: 865-983-9374

PERSONAL HISTORY				
Date Submitted	Social Security #	Phone Number	Do you have the legal right to work in the USA?	
Name (First, Middle, Last)				
Email				
Present Street Address (Address, City, State, Zip)				# of Years?
Previous Street Address (Address, City, State, Zip)				# of Years?
Emergency Contact Name and Phone Number. Relationship to you?			Home Phone Number	
			Mobile Phone Number	
What type of work are you applying for?			What rate are you seeking?	
Please indicate what shifts you would be willing to work: <i>(select all that apply)</i> <input type="checkbox"/> Evening Shift - 3:00 PM to 11:00 PM, Monday to Friday <input type="checkbox"/> Day Shift - 7:00 AM to 3:00 PM, Monday to Friday			When can you start?	
Have you ever been convicted of theft or fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____				
<i>*The existence of a criminal record does not constitute an automatic bar to employment.</i>				
EDUCATION				
	Name & Location of School	# of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				
Do you qualify as a manual machinist?		<input type="checkbox"/> Yes <input type="checkbox"/> No Can you accurately read micrometers? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you accurately read vernier calipers? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you accurately read a pi-tape? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you accurately read a scale/tape measure?		
Where did you receive your machinist training?				
Do you possess any machinist accreditation?		Please describe any special courses, seminars, activities, scholastic awards, or apprenticeships		
What equipment are you qualified to safely operate?				

EMPLOYMENT HISTORY					
	Name & Address of Employer	Supervisor	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					
Which of these jobs did you like best?					
What did you like most about this job?					
Notes about any of the above positions:					
REFERENCES					
Name / Address / Phone Number			Business	Years Acquainted	
GENERAL - REQUIRED					
Do you currently use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:					
I certify that all answers given by me, as well as my statements, are true and correct without omissions of any kind. I agree that I may be separated from employment if ICC determines that I have made false statements, answers or omissions during my job interview or on this employment application. Also, I certify that I am a bona fide applicant searching for employment. Initial here _____					
The company, in considering my application for employment, may verify the information set forth in this application and obtain additional information relating to my background. I authorize all persons, companies, schools, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background and I release all such persons and organizations providing such information from liability. I have read, understand, and agree to this statement. Initial here _____					
I understand that ICC has a commitment to maintain an alcohol/drug-free workplace and the ICC, unless prohibited by state law, may require a drug screening test as part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified for consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to the statement above. Initial here _____					
I understand that, if employed, my employment will be for no guaranteed or specific duration, and that I will be an "at will" employee. This means that my employment may be separated at will, either by myself or by ICC. I further understand that ICC does not have verbal or written employment contracts. I understand that all other statements by management, whether oral or written, as well as personnel policies, handbooks, or other types of written ICC documents are not employment contracts.					
Applicant Signature:				Date:	
This application will be active for a period of thirty (30) days.					