
IRONWORKER EMPLOYEES' BENEFIT CORPORATION

Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

() -
Business Phone

() -
Home Phone

Employment Desired

Position applying for: _____

Date you are available to start work: _____ Salary or Wages desired: \$ _____ Hr. Wk.

Personal Information

Have you ever applied to or worked for Ironworker Employees' Benefit Corporation before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for Ironworker Employees' Benefit Corporation?

Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Ironworker Employees' Benefit Corporation?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of proof of your legal right to live and work in this country? Yes No

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. As a condition of hire, you may be subject to a job related medical examination, and to skill and agility tests.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

<hr/> Name of Employer	<hr/> () - Telephone No.
<hr/> Type of Business	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From To Starting Ending	
<hr/> Your Position and Duties	
<hr/> Reason for Leaving	
<hr/> May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<hr/> May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

<hr/> First Name	<hr/> Last Name	<hr/> () - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State Zip
<hr/> Occupation	<hr/> No. of Years Acquainted	

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References, continued

<hr/> First Name	<hr/> Last Name	<hr/> () - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State <hr/> Zip
<hr/> Occupation	<hr/> No. of Years Acquainted	
<hr/> First Name	<hr/> Last Name	<hr/> () - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State <hr/> Zip
<hr/> Occupation	<hr/> No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Ironworker Employees' Benefit Corporation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Ironworker Employees' Benefit Corporation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create a contract for continued employment between me and Ironworker Employees' Benefit Corporation. In addition, I understand and agree that if I am employed, my employment is "at will" and is for no definite or determinable period and may be terminated at any time, with or without cause, and with or without prior notice, at the option of either myself or Ironworker Employees' Benefit Corporation and that no promises or representations contrary to the foregoing are binding on Ironworker Employees' Benefit Corporation unless made in writing and signed by me and the Executive Director of Ironworker Employees' Benefit Corporation.

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Initials

Should a search of public records (records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Ironworker Employees' Benefit Corporation, I am entitled to copies of any such public records obtained by Ironworker Employees' Benefit Corporation unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature