



EMPLOYMENT APPLICATION

Inter Valley Escrow is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Today's Date
Address			City, State, Zip
Home Telephone	Cell Phone	Email	Are you 18 or older? YES / NO
Have you ever interviewed with this company or its affiliates before? YES / NO If YES, provide date(s), location(s), and position(s) applied for:			
Have you ever been employed by this company or its affiliates? YES / NO If YES, provide date(s), location(s), and position(s):			
Do you have any relatives employed by this company or its affiliates? YES / NO If YES, who?			

EMPLOYMENT DESIRED

Position Applied for:	Desired Pay:
Are you currently employed: Yes No	Start Date:
How did you find out about this position?	
Would you like to work: (circle all that apply)	Full-time only Full time or Part time Summer Part-time only Temporary

WHAT TIMES YOU AVILABLE TO WORK?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

	Name and Address	Attendance Dates	Date Graduated/ Level Completed	Degree/Diploma License/Certificates
High School				
College				
Graduate School				
Vocational, Business, Other				

License, Registration or Certification	State Licensing Agency	Number	Expiration Date (mm/dd/yy)

Have you ever had a disciplinary action taken against any of your licenses? YES / NO
 If YES, explain below.

SKILLS (not all may be necessary for the job you seek)

Do you type?	Words per minute?
Foreign Languages Spoken:	Written:
Computer Skills: (Hardware/Software)	
Other skills, knowledge, area of expertise:	
Driver's License #:	State:

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most *recent* job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. If needed, attach additional sheets, using the same format as on the application. All information on this section **MUST** be completed. Résumé may be attached to provide additional information.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			May we call this employer?
Duties, Responsibilities, Promotions			Reason for Leaving

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REFERENCES

Please provide three business references. This section **MUST** be completed.

Name/ Title	Employer / Company	Phone:
		Years Known:
Name/ Title	Employer / Company	Phone:
		Years Known:
Name/ Title	Employer / Company	Phone:
		Years Known:

GENERAL

Are you willing to work evenings or weekends if the job requires?	Yes	No
Will you be able to perform the job functions you are applying for without reasonable accommodation?	Yes	No
If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.?	Yes	No

APPLICANT STATEMENT

I understand and agree to the following:

- This application is not a contract of employment.
- Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.
- The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with the applicable law.
- All hired persons must provide proof of identity and authorization to work in the U.S. Failure to produce such proof will result in denial of employment.

I understand that a background check may be conducted after a conditional employment offer has been made and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

Signature of Applicant

Date

Revised 1-2018
