



**APPLICATION FOR EMPLOYMENT**

**IH SERVICES, INC.**  
**P O BOX 5033**  
**GREENVILLE, SC 29606**

*IH Services is an equal opportunity employer and does not discriminate based on race, color, sex, age, national origin, religion, disability, or veteran status*

**NOTE: Drug Screening & Background Checks may be required**

*By completing this application, I affirm that I can perform the essential functions of the requested job with or without accommodations.*

Date \_\_\_\_\_

*** To Be Completed by Manager ***		
Acct #	Rate of Pay	Job Code
Rehire?	Y N	
	Marital Status S / M	Exemptions
Federal State		
FIRST DATE WORKED -----		
DATE OF BIRTH ---		

*** Greenville Accounting Use Only ***		
Emp. #	Acct #	State Code

**NAME AND ADDRESS**

Name	Social Security #
Mailing Address	
City, State, Zip Code	
Home Telephone	Emergency Name & Phone:

**WORK HISTORY**

EMPLOYER'S/SUPV NAME & ADDRESS	WHAT DID YOU DO?	DATES OF EMPLOYMENT	WHY DID YOU LEAVE?

**EDUCATION**

	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR OR DEGREE
Elementary				
High School				
College				

**ADDITIONAL INFORMATION**

Have you been an employee of this company in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" explain: \_\_\_\_\_

Do you have relatives working here? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", who? \_\_\_\_\_

I certify that I am authorized to work in the US \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of, or entered a plea of guilty or no contest, to a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" explain: \_\_\_\_\_

Are you willing to work: OVERTIME \_\_\_\_\_ 1ST SHIFT \_\_\_\_\_ 2ND SHIFT \_\_\_\_\_ 3RD SHIFT \_\_\_\_\_

**PERSONAL REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS):**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>

I certify that the statements contained herein are true, complete, and correct to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information shall be sufficient reason to withdraw an offer or to discharge me if employed. I agree to submit to a physical or other examination when required. I agree to submit to a pre-employment drug screen and I understand that as a condition of my employment, I may be subject to a drug test at any time.

I authorize the companies, organizations, or persons named herein, or anyone else contacted to give any information they may have regarding my employment, character, qualifications, etc. whether or not it is in their records. I hereby release IH Services, Inc. and said companies, organizations, or persons from all liability attributed to this information.

I understand that, if hired, my employment is not for any definite term, and that I or IH Services, Inc. may terminate the relationship at any time for any reason. I understand that any employment contract, to be enforceable, must be in writing and signed by the president of the company.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## BACKGROUND VERIFICATION DISCLOSURE WITH CREDIT

As part of the employment process, \_\_\_\_\_ (the "Company") may make investigative inquiries on my background. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment a Consumer Report may be made which may include information about your credit standing and capacity, character, reputation, personal traits, mode of living and other pertinent qualities for employment purposes including reasons for termination of past employment.

Upon written request, information as to the nature and scope of the report will be provided (if one is made) if employment has been denied due to information obtained therein.

Company Representative's Signature, \_\_\_\_\_

Company Representative's Name & Title, \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

#### (APPLICANT MUST READ & SIGN)

I hereby authorize any officer, representative or agent of Datasource bearing this release or copy thereof to conduct background investigations including but not limited to a National Cross Reference of all 50 states showing actual past residences, obtaining a consumer credit report and any other information regarding my driving history and records, criminal history, and credit standing. This report may include personal interviews with neighbors, friends, associates, past and present employers, and records from educational institutions, police departments, court records, federal, state and other agencies as well as records of banking, financial statements, professional licensing, workers compensation, military history, civil and insurance claims. In compliance with the Americans with Disabilities Act, my Worker's Compensation history will only be investigated after a conditional offer of employment. This release is executed with full knowledge and understanding that the information is for the official use of DS and its client. Consent is granted for DS to furnish such information as described above to third parties in the course of fulfilling official responsibilities. Please furnish the bearer (DS) with any and all information you possess about me. A photocopy of this authorization can be accepted with the same authority as the original. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

SIGNATURE: DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_