



EMPLOYMENT APPLICATION

All information on this Employment Application Form must be fully completed (even if you have a resume) in order for it to be valid. This Employment Application is not intended to elicit information that may be used in a discriminatory manner. Employment related decisions are not based on the age, gender, race, color, national origin, religion, handicap, disability, veteran status or any other legally protected status.

The following are the minimum eligibility requirements for employment with IPC International Corporation:

- Must be a minimum of 18 years old
- Must be able to read, write and speak fluent English
- Must possess a High School Diploma or GED
- Ability to withstand inclement weather and/or extended periods of walking and standing
- Must wear our professional uniform and maintain our high standards for grooming and appearance
- Ability to make a physical arrest and assist Police, Fire and EMS
- Must possess a valid driver's license and be a minimum of 21 years of age if position requires driving.
- Have a clear criminal history-includes any pending charges
- Must qualify to receive state or municipal security guard license, if required
- Must qualify to work in the United States

PERSONAL INFORMATION

Please Ask If You Require Assistance In Completing This Employment Application Form, Please Print In Ink.

Date Of Application: / /		Home Telephone: () -		Other Telephone: () -		Social Security Number: - -					
First:	Middle:	Last:	Other Names You Have Been Employed Under?	First:	Middle:	Last:					
Street Address:			City:	State:	Zip + 4:						
Do you currently maintain a security license or registration with the state in which you are applying as a Private Security Officer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Complete This Information:	Document License #:	Date of Issue: / /	Date of Expiration: / /				
Position applied for: (Be specific)		Date Available:		Salary Expectation: \$	Status applied for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary						
List hours you are NOT available to work: From: _____ AM / PM To: _____ AM / PM		Are there any days you CANNOT work?		Circle Days:	S	M	T	W	T	F	S
If hired, can you provide proof that you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:											
Have you applied for employment with IPC INTERNATIONAL CORPORATION in the past? When? / / Where?											
Have you ever been employed by IPC INTERNATIONAL CORPORATION in the past? When? / / Where?											
Have you ever been convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain: <i>A conviction will not necessarily disqualify you for a position.</i>											
Do you have any pending Criminal Charges (including traffic)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES , please explain for Security Officer Licensing Requirements. (Sealed or expunged records of arrests or convictions do not have to be disclosed.)											
If the position for which you are applying requires driving: Do you have a valid Driver's License <u>for the state</u> in which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please explain:											
Have you had any traffic violations in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Has your Driver's License been suspended, revoked or restricted within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Are you <u>currently</u> contesting any loss, suspension or revocation of your Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Have you been involved in a vehicular accident within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Do you <u>anticipate</u> any loss, suspension or restriction of your Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Do you have any commitments to another employer that may affect employment or be in conflict with IPC INTERNATIONAL CORPORATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											
Do you know of any reason why you cannot perform the <u>essential</u> functions of the position for which you are applying, with or without reasonable accommodation? All applicants who receive a conditional offer of employment, will need to complete an additional questionnaire. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please explain:											

Do not disclose past health problems, absences related to illnesses or physical examinations.

EDUCATION

High School Diploma Yes No GED

High School:

City:

State:

Please list any additional education, extension courses and seminars:

College / University / Other:

City:

State:

Number of Years Attended:

Type of Degree:

Major Area of Study:

College / University / Other:

City:

State:

Number of Years Attended:

Type of Degree:

Major Area of Study:

Are you planning to pursue further studies? Yes No Day Evening If **Yes**, when, where and what courses?

OFFICE SKILLS

Typing:

wpm

Please check the skills you have that directly relate to this position:

Software

Adding Machine:

Sight

Touch

List Other Office Equipment Skills:

MILITARY EXPERIENCE

Branch of Service:

Number Of Years:

Rank at Discharge:

Please list any military experience you have which relates to this position: _____

If an offer of employment is extended and accepted, you must provide a copy of your DD-214 Discharge Form.

PROFESSIONAL ORGANIZATIONS

Please list any memberships you hold in Professional or Civic organizations which would be relevant to the position for which you are applying. Please do not include those which may disclose your race, color, religion, national origin, gender or age.

If you require additional space, please attach another sheet.

EMPLOYMENT HISTORY

PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE SUBMITTING A RESUME

Beginning with your most recent employment, list all jobs, full-time, part-time, paid and un-paid that you have held in the past 10 years. Include time spent in the military service, traveling, etc. Cover FULL disposition of your time, whether you were employed or not.

CURRENT EMPLOYER

POSITION HELD

1

Name of Employer: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Name of Supervisor: _____
 Title/Dept.: _____
 Phone: _____ May we contact at this time?
 Yes No
 Dates of Employment From: _____ / _____ / _____ To: _____ / _____ / _____
mo. day yr. mo. day yr.

Starting Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Last Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Reason for leaving (if you are still employed, indicate why you wish to leave): _____

PREVIOUS EMPLOYER

POSITION HELD

2

Name of Employer: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Name of Supervisor: _____
 Title/Dept.: _____
 Phone: _____ May we contact at this time?
 Yes No
 Dates of Employment From: _____ / _____ / _____ To: _____ / _____ / _____
mo. day yr. mo. day yr.

Starting Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Last Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Reason for leaving: _____

PREVIOUS EMPLOYER

POSITION HELD

3

Name of Employer: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Name of Supervisor: _____
 Title/Dept.: _____
 Phone: _____ May we contact at this time?
 Yes No
 Dates of Employment From: _____ / _____ / _____ To: _____ / _____ / _____
mo. day yr. mo. day yr.

Starting Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Last Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Reason for leaving: _____

PREVIOUS EMPLOYER

POSITION HELD

4

Name of Employer: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Name of Supervisor: _____
 Title/Dept.: _____
 Phone: _____ May we contact at this time?
 Yes No
 Dates of Employment From: _____ / _____ / _____ To: _____ / _____ / _____
mo. day yr. mo. day yr.

Starting Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Last Position: _____ Rate of Pay: \$ _____
Hr. FT Mo. PT
 Reason for leaving: _____



EMPLOYEE PARTICIPATION CAMPAIGN

"The Power of One and Teamwork"

IPC International Corporation is committed to excellence and helping others. When you join IPC as a member of our organization you are joining a team of thousands of fellow employees who are serving their communities in many ways.

One shining example is the IPC Cares voluntary employee participation campaign. IPC Cares lends crucial financial and promotional support to The Parent Project Muscular Dystrophy. This crippling muscular disease can occur in all populations with the same high frequency regardless of race, ethnicity, national origin or socioeconomic class. IPC Cares seeks to help find a viable cure, identify and fund research programs, increase awareness to the public at large, and to help educate parents on aggressive managed care for Duchenne children.

For more information on the IPC Cares voluntary employee participation campaign, ask your IPC Cares Advocate.

Thank you for considering IPC International Corporation, an equal opportunity employer committed to our employees and the community.



IPC INTERNATIONAL
CORPORATION

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