



building forever furniture

# Employment Application

Please Print (BE SURE TO SIGN THIS APPLICATION)

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

HAVE YOU WORKED FOR US BEFORE? \_\_\_\_\_ NO \_\_\_\_\_ YES, WHEN? \_\_\_\_\_

DO YOU KNOW ANYONE EMPLOYED BY OUR COMPANY?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_  
\_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY HELP

WHAT HOURS ARE YOU AVAILABLE TO WORK: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A PERMIT WHICH ALLOWS YOU TO LAWFULLY WORK IN THE UNITED STATES?  
\_\_\_\_\_

PLEASE LIST ANY SKILLS, QUALIFICATIONS AND TRAINING WHICH YOU FEEL ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING AND/OR ANY ORGANIZATIONS, HONORS OR AWARDS YOU MAY HAVE RECEIVED:  
\_\_\_\_\_  
\_\_\_\_\_



## EDUCATION AND TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME AND LOCATION OF HIGH SCHOOL \_\_\_\_\_

### TRAINING/ SCHOOLING BEYOND HIGH SCHOOL

NAME & LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA	DEGREE & YEAR EARNED
	FROM	TO				

WORK EXPERIENCE: PROVIDE A COMPLETE DESCRIPTION. BE SPECIFIC: START WITH YOUR MOST RECENT JOB. FOR PART-TIME WORK, SHOW THE AVERAGE NUMBER OF HOURS PER MONTH. INDICATE ANY CHANGES IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES	NAME OF SUPERVISOR	
	TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR)	
	FROM:	TO:
	FULL-TIME	PART-TIME
	RATE OF PAY (NOTE HOURLY OR MONTHLY)	
	BEGINNING	ENDING

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES	NAME OF SUPERVISOR	
	TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR)	
	FROM:	TO:
	FULL-TIME	PART-TIME
	RATE OF PAY (NOTE HOURLY OR MONTHLY)	
	BEGINNING	ENDING

**WORK EXPERIENCE CONTINUED...**

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES	NAME OF SUPERVISOR	
	TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR)	
	FROM:	TO:
	FULL-TIME	PART-TIME
	RATE OF PAY (NOTE HOURLY OR MONTHLY)	
	BEGINNING	ENDING

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES	NAME OF SUPERVISOR	
	TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR)	
	FROM:	TO:
	FULL-TIME	PART-TIME
	RATE OF PAY (NOTE HOURLY OR MONTHLY)	
	BEGINNING	ENDING

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES	NAME OF SUPERVISOR	
	TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR)	
	FROM:	TO:
	FULL-TIME	PART-TIME
	RATE OF PAY (NOTE HOURLY OR MONTHLY)	
	BEGINNING	ENDING



building forever furniture

# MILITARY

BRANCH: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

WHAT WERE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DID YOU RECEIVE ANY SPECIALIZED TRAINING? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: PLEASE LIST NON-RELATIVES

NAME	ADDRESS	PHONE NUMBER

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN YOUR NAME**

"I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE ABOVE QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZE YOU TO CONTACT REFERENCES, PAST OR PRESENT EMPLOYERS, PERSONS, SCHOOLS, LAW ENFORCEMENT AGENCIES AND ANY OTHER SOURCES OF INFORMATION WHICH MAY BE RELEVANT TO MY APPLICATION FOR EMPLOYMENT. IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSIONS BY ME IN THIS APPLICATION WILL BE SUFFICIENT REASON FOR REJECTION OF MY APPLICATION OR FOR DISMISSAL AT ANY TIME DURING MY EMPLOYMENT, WITHOUT LIABILITY TO THIS COMPANY. I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE STATEMENT. PLEASE INITIAL \_\_\_\_\_

I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME AND THAT THIS COMPANY IS NOT GUARANTEEING EMPLOYMENT FOR ANYONE. NO EMPLOYMENT CONTRACT IS CREATED BY VIRTUE OF MY BEING HIRED BY THIS COMPANY. I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENT. PLEASE INITIAL \_\_\_\_\_

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ON FILE FOR 60 DAYS FOR CONSIDERATION. AFTER 60 DAYS, IF I AM STILL INTERESTED IN A POSITION WITH THIS COMPANY, IT WILL BE NECESSARY FOR ME TO COMPLETE A NEW APPLICATION FORM."

SIGN HERE: \_\_\_\_\_

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





building forever furniture

## Invitation to Self-Identify for Individuals with Disabilities

IMF Solutions, LLC holds federal contracts and is subject to Section 503 of the Rehabilitation Act of 1973. IMF Solutions, LLC uses its affirmative action plan to employ and advance qualified persons with disabilities.

If you have a disability and would like to be considered under our affirmative action program, please inform us.

You may inform us of your desire to benefit under our affirmative action program at any time, now or in the future. This information will allow us to best serve our employees and applicants by placing them in appropriate positions.

This information is submitted voluntarily. Refusal to provide this information will not cause adverse treatment. This information will only be used in accordance with Section 503 and will be kept confidential except when the information is necessary of supervisors or managers to be aware of. Such cases include, but are not limited to: work restriction, accommodations, first aid awareness, or when offices such as the OFCCP or Americans with Disabilities Act must be informed.

Information that would assist us in providing you benefit under our affirmative action plan include: needed accommodations such as physical changes to the job or job area, special equipment, elimination of certain job duties, personal assistants, or other accommodations.

A written copy of IMF Solutions, LLC's AAP is available to any applicant of employee during normal business hours or by calling 920-682-4601, extension 294.



building forever furniture

## Invitation to Self-Identify Race and Gender

The Equal Employment Opportunity Commission (EEOC) requires organizations with Federal Contracts to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department.

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race: Circle one

**White** (not Hispanic or Latino)

**Hispanic or Latino** a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish Culture, regardless of race.

**Black or African American** (not Hispanic or Latino)

**Native Hawaiian or Pacific Islander** (not Hispanic or Latino) Origins in Hawaii, Guam, Samoa or the Pacific Islands

Asian (not Hispanic or Latino) origins in the Far East, Southeast Asia or the Indian Subcontinent such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

**American Indian or Alaskan Native** (not Hispanic or Latino) Origins in North and South America (including Central America) who maintains tribal affiliation or community recognition.

**Two or More Races** (not Hispanic or Latino)

**I prefer not to disclose this information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name





building forever furniture

To: Invincible Employees & Applicants

Re: Veteran Affairs Compliance

## Invitation to Self-Identify For Veterans

In accordance with Title 38, United States Code, Section 4212(d), the U.S. Department of Labor (DOL), Veterans' Employment and Training Service (VETS) annually collects from Federal contractors and subcontractors information on the number of employees in their workforces who belong to the categories of veterans protected under the affirmative action provisions of the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA).

This invitation to self-identify is voluntary. If you would like to be considered under our affirmative action program, please indicate below by selecting one of the following categories.

**Please select one of the following categories:**

- Disabled Veteran**, any veteran who is entitled to compensation under the laws administered by the Secretary of Veterans Affairs OR any person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran**, any veteran who is entitled to disability compensation, under the laws administered by the Secretary of Veterans Affairs for rated disability of 30% or more OR rated a 10 or 20% in the case of a veteran who has been determined by the Department of Veteran Affairs to have a serious employment handicap. OR, a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran**, any veteran who served on active military duty for a period of more than 180 days, and was released or discharged there from with other than a dishonorable discharge, if any part of such active duty occurred 1) in the Republic of Vietnam between February 28<sup>th</sup> 1961 and May 7<sup>th</sup> 1975 OR 2) between August 5<sup>th</sup> 1964 and May 7<sup>th</sup> 1975, in all other cases. OR, any persons released from duty during the same periods of time for service related disabilities.
- Other protected Veteran**, any veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Armed Forces Services Medical Veteran**, any veteran who served active duty in the U.S. Military and who participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.
- Recently Separated Veteran**, any Veteran who served on active duty un the U.S. Military during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- None**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

842 South 26th Street, PO Box 1117  
Manitowoc, Wisconsin 54221-1117

(v) 877 682 4601

(F) 920 683 2970

[invinciblefurniture.com](http://invinciblefurniture.com)

