

# Employment Application

*Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. iPay Technologies is an "at will" employer. iPay Technologies is an Equal Opportunity Employer. In accordance with the City of Elizabethtown's Ordinance No. 24-2006, smoking is permitted in designated areas only.*

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

## APPLICANT DATA:

Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell/Beeper/Other Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Are you legally allowed to work in the United States?  Yes  No

Type of employment desired:  Full-time  Part Time  Temporary  Seasonal

Are you able to perform the essential functions of the job with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, give dates and details: \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.*

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## EDUCATION:

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

## REFERENCES:

*Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:*

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PREVIOUS EMPLOYMENT: (begin with most recent position)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS**

**NOTIFICATION AND AGREEMENT**

*PLEASE READ BEFORE SIGNING*

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MIS-REPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_