



APPLICATION FOR EMPLOYMENT

670 Industrial Road
Savannah, TN 38372

Please Print

Date of Application _____

Position(s) Applied for: _____ Social Security Number _____

Name _____
Last First Middle

Address _____
(Street) (City) (State) (Zip Code)

Home Telephone Number (_____) _____ Cell Phone Number (_____) _____
Area Code Area Code

Are you 18 years old or older?.....(check one)..... Yes No

Have you ever been employed by us before? Yes NO If yes give dates _____

Do you have any relatives or friends employed here. (if so please indicate) _____

Are you legally eligible for employment in this country?..... (check one)..... Yes No
(Proof of U.S. Citizenship or immigration status will be verified before employment)

Have you ever served in the U.S. Military.....(check one)..... Yes No

If so, what branch ? Army USAF Navy Marines Cost Guard **Date(s) Served:** _____

Do you have a security clearance? Yes No If so, what type? _____

If you have been discharged from the Armed Services, what type? _____

Are you able to meet the attendance requirements of this position?(check one)..... Yes No

Will you work overtime if required?.....(check one)..... Yes No

Have you been convicted of a felony in the last seven (7) years?.....(check one)..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment)

If Yes, please explain: _____

What is the highest level of education that you have completed?

High School/GED Vocation/Technical School Some College Associate Degree 4 year Degree Graduate Degree

Do you currently hold any type of License(s), Certifications, Degrees and/or Training that would apply to the position you are applying?

If applying for position that requires deployment, please complete this section.

Height: _____ Weight: _____ Body Mass Index (BMI) (if known): _____

** Note: Deployment positions require certain physical requirements and strength endurance

Former Employers (List your last three (3) employers starting with the most recent)

NAME AND ADDRESS OF PREVIOUS EMPLOYER		PERIOD OF EMPLOYMENT (Month - Year)		REASON FOR LEAVING
FIRM		FROM	TO	
ADDRESS			Type of business	
CITY	PHONE ()	SUPV's NAME	SALARY	
STATE	ZIP CODE	POSITION		

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STATE	ZIP CODE	POSITION		

Please read the information below regarding information you have supplied and/or about employment at ISR Group.

- I understand and agree that if I am involved in an accident during working hours, I will submit to a drug test within 12 hours of such accident and if the drug test is confirmed positive, or if I do not take the test, I may lose my workers compensation benefits and/or be terminated.
- I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- This application is current for only 120 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.
- I understand that certain position require successfully passing a medical examination, weight and height requirements established by government agencies, criminal and security background check.
- **I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.**

ISR Group, Inc is a Drug Free workplace and all employees/applicants are subjected to a Drug Screening.

Signature of Applicant _____ Date ____/____/____

**AN EQUAL OPPORTUNITY and AFFIRMATIVE ACTION EMPLOYER
ISR GROUP IS A DRUG FREE WORK PLACE**