APPLICATION FOR EMPLOYMENT

IMA WORLD HEALTH

Headquarters Office:

500 Main Street – Building Old Main

P.O. Box 429

New Windsor, MD 21776 USA

Please Print

IMA World Health is an equal opportunity employer and does not discriminate against

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| --- | --- | --- | --- | --- |
| APPLICANT | otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability/handicap or veteran status. | | | |
| NAME IN FULL (Last, First, Middle) | | **HOME PHONE** | **MOBILE/CELL PHONE** | **EMAIL ADDRESS** |
| DATE OF BIRTH: | |  |  |  |
| **COMPLETE MAILING ADDRESS** | | CITY/ STATE/COUNTRY | | |
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|  | |  | | |
| **NATIONAL ID NUMBER** | | **CITIZENSHIP** | | |

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| POSITION APPLYING FOR |  | LOCATION |
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| EDUCATION HISTORY |  | |  | |
| ListHigh School, Technical, Business, Undergraduate and GraduateSchools | **Location of School** | Course of Study | | **GRADUATE?**  **Yes/No** |
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| **LANGUAGE SKILLS**: | | |
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| OTHER |  |  |
| Can You Provide Documentation of Citizenship and/or Right to Work? Yes 🞏 No 🞏 | | |
| Are You Under 18 Years of Age? Yes 🞏 No 🞏 | | |
| Drivers License Number and State Issuing License: | | |
| How Much Notice Will You Require to Report to Work? | | |
| Wage Requirement: | | |

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| WORK EXPERIENCE – JOB #1 | | |  | | |  |
| **POSITION TITLE** | **COMPANY** | **ADDRESS/PHONE** | | **SUPERVISOR’S NAME/TITLE** | | |
|  |  |  | |  | | |
| Kind of Business |  |  | |  | | |
| Summarize Duties & Responsibilities |  |  | |  | | |
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| Reason for Leaving and explanation |  |  | |  | | |
| Starting Rate$\_\_\_\_\_\_ Per \_\_\_ | Final Rate$\_\_\_\_\_\_ Per \_\_\_ | Position HeldFrom: | | | To: | |

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| WORK EXPERIENCE – JOB #2 | | |  | | |  |
| **POSITION TITLE** | **COMPANY** | **ADDRESS/PHONE** | | **SUPERVISOR’S NAME/TITLE** | | |
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| Kind of Business |  |  | |  | | |
| Summarize Duties & Responsibilities |  |  | |  | | |
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| Reason for Leaving and explanation |  |  | |  | | |
| Starting Rate$\_\_\_\_\_\_ Per \_\_\_ | Final Rate$\_\_\_\_\_\_ Per \_\_\_ | Position HeldFrom: | | | To: | |

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| WORK EXPERIENCE – JOB #3 | | | |  | | | |  |
| **POSITION TITLE** | **COMPANY** | | **ADDRESS/PHONE** | | | **SUPERVISOR’S NAME/TITLE** | | |
|  |  | |  | | |  | | |
| Kind of Business |  | |  | | |  | | |
| Summarize Duties & Responsibilities |  | |  | | |  | | |
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| Reason for Leaving and explanation |  | |  | | |  | | |
| Starting Rate$\_\_\_\_\_\_ Per \_\_\_ | Final Rate$\_\_\_\_\_\_ Per \_\_\_ | | Position HeldFrom: | | | | To: | |
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| TECHNICAL SKILLS | |  | | |  | | | |
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| INDICATE “YES” OR “NO” ANSWER BY PLACING -- X -- IN PROPER COLUMN | | | | | YES | NO | |
| Previous Work With IMA? From To Location/Department | | | | |  |  | |
| Have you previously filed an application with I.M.A.? When? For What Position? | | | | |  |  | |
| Any pre-existing physical or emotional condition that may prevent/impair your ability to perform varied job responsibilities? | | | | |  |  | |
| Have you ever been convicted of a felony? Explain: | | | | |  |  | |
| Is anyone related to you employed by IMA World Health? (If yes, give name and relationship to you.) | | | | |  |  | |
| Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) | | | | |  |  | |
| Have you ever been reprimanded (by documented verbal/written warning) or discharged for any work related crime, violation of company policy, procedures or contractual obligations? This includes, but is not limited to absenteeism, tardiness, quality, quantity, unsafe act, substance abuse, falsification of company documents. | | | | |  |  | |
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| PLEASE INDICATE YOUR EVALUATION OF YOUR WORK PERFORMANCE IN YOUR TWO MOST RECENT JOBS | | | | | | |
| AREA | | EXCEPTIONAL | GOOD | FAIR | | |
| Attendance | Job #1 |  |  |  | | |
| Job #2 |  |  |  | | |
| Quality of Work | Job #1 |  |  |  | | |
| Job #2 |  |  |  | | |
| Quantity of Work | Job #1 |  |  |  | | |
| Job #2 |  |  |  | | |
| Safety Habits | Job #1 |  |  |  | | |
| Job #2 |  |  |  | | |
| Cooperation | Job #1 |  |  |  | | |
| Job #2 |  |  |  | | |

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| REFERENCES | | Please list at least three persons, who are not related to you nor are previous supervisors.) | | | | |
| FULL NAME | **COMPLETE ADDRESS** | | **RELATIONSHIP/OCCUPATION** | PERSONAL OR PROFESSIONAL REFERENCE | YRS KNOWN | **PHONE & E-MAIL** |
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### May we contact these references? Yes 🞏 No 🞏

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| INTEREST IN POSITION |  |  |
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| FAITH STATEMENT *This section is optional.*  Please describe the faith you live day by day. (Whether you choose to complete this section or not, it will have no bearing on the consideration of your application for employment with IMA World Health.) |
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| COMMENTS (You have no obligation to comment in this section. This space is provided for you to expand on any topic of your choice. For example, you may wish to write a brief biography, a personal philosophy about work, or just a unique life experience. |
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| OFFICE USE ONLY |  |  |
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CONDITIONS OF EMPLOYMENT

1. I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. Any misrepresentation or willful omission of a fact on my application may be justification for denial of, or if employed, termination of my employment.
2. In consideration for employment with IMA World Health, if employed, I agree to conform to all IMA World Health Policies, Procedures and Regulations.
3. Due to the nature of IMA World Health operations it may be necessary, at times, to work a schedule other than Monday through Friday. I understand and accept this obligation as a condition of my continuing employment.
4. I further understand that this is an application and that no employment contract is being offered or implied.
5. I understand that if I am employed, IMA World Health can change wages, benefits and conditions of employment at any time, subject to established agreements.
6. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to IMA World Health and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.
7. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by IMA World Health, such employment does not constitute a guarantee for any specific period of time or any certain conditions. I also understand that all employees of IMA World Health are “employees at will” which means that both IMA and employees may terminate employment at any time.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

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| Applicant Signature | Date |