



International Marketing Systems, Ltd.

P.O. Box 806 Fargo, ND 58107 U.S.A.
Phone (701) 237-4699 FAX (701) 237-4701

Employment Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (_____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? (Job description available upon request) YES NO If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor? YES NO If yes, please explain:

(A conviction will NOT automatically result in disqualification of employment.)

Have you ever worked for this Company before? YES NO

If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES NO If yes, who and where do they work?

Have you ever done any volunteer work? YES NO If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: FULL TIME PART TIME

Are you presently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT - Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

**PERSONAL REFERENCES - List three references
(not relatives or employers)**

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip____	Telephone Number ()

IMPORTANT, PLEASE READ AND SIGN

Signing below states that all information on this application is true. I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Full Name of Applicant _____ Date: ____/____/____

Initials _____ (typing your initials on the line to the left authorizes your typed name to be used as your legal signature)

PLEASE READ CAREFULLY - APPLICATION FORM WAIVER

In exchange for the consideration of my job application by International Marketing Systems, Ltd. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of International Marketing Systems, Ltd., or otherwise to change in any respect the employment-at-will written instrument signed by the President/General Manager of the Company. Both the undersigned and International Marketing Systems, Ltd. May end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Full Name of Applicant _____ Date: ___/___/_____

Initials _____ (typing your initials on the line to the left authorizes your typed name to be used as your legal signature)

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.