



Applicant Information

Full Name:

Address: Apartment/Unit #:

City: State: Zip Code:

Phone: Email:

Are you a Veteran or an active member of the military? ☐ YES ☐ NO

Education

College: From: To: Degree:

High School: From: To: Did you graduate? ☐ YES ☐ NO

Employment History

Company: Position:

From: To:

Company: Position:

From: To:

Company: Position:

From: To:

Company: Position:

From: To:



Professional References

Full Name:

Cell Phone: **Work Phone:**

Employment Relationship (Co-Worker, Supervisor, etc.):

Full Name:

Cell Phone: **Work Phone:**

Employment Relationship (Co-Worker, Supervisor, etc.):

Full Name:

Cell Phone: **Work Phone:**

Employment Relationship (Co-Worker, Supervisor, etc.):

Innovative Controls uses Form I-9, Employment Eligibility Verification, to verify the identity and employment authorization of individuals hired for employment.

Innovative Controls is an equal opportunity employer and does not discriminate in employment decisions based on race, color, religion, sex, national origin, age, disability, or any other protected characteristic.

Innovative Controls may conduct background checks and/or reference checks.

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration for employment or, if hired, may be grounds for immediate termination.

Signature: **Date:**

Position Title: **Position Number:**