

Intermountain Auto Recycling, INC.

3009 N 15th E
 Idaho Falls ID 83401
 208-745-8766

Employment Application

POSITION APPLIED FOR		
GENERAL INFORMATION		
Name (last, first, middle initial)		
Street Address		City, State, Zip
Home Phone No.	Work Phone No.	Message Phone No.
Are you authorized to work in the United States? Proof of Authorization will be required post hire.		
Yes No		
TRAINING AND EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED		
Colleges/other training	Major/subject	Degree/certificates
ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Mechanical Skills		
Can you perform the essential functions of the job with or without reasonable accommodation? Yes No		

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			
Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			
PROFESSIONAL REFERENCES		Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance	
Name	Place of employment/title		Phone

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by IAR, for dismissal. I authorize IAR to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release IAR from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is "at-will", which means that either IAR or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's signature _____ Date _____