



ITEN INDUSTRIES, INC.

P.O. Box 2150
Ashtabula, OH 44005-2150

"Understanding and achieving my customers' expectations in everything I do."

WILLING TO WORK:(check all that apply)

1st shift 2nd shift 3rd shift

Preferred Shift: _____

APPLICATION FOR EMPLOYMENT

NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Iten Industries, Inc. is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications. Federal & state law prohibits discrimination on the basis of race, religion, sex, national origin, age, disability, or any other protected status. Please advise us if any accommodations are required to assist you with completing your application.

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Date Available: _____ **Desired Salary:** \$ _____

Referral Source: Employment Agency Walk-in Applicant Indeed Listing Current Employee: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO **Are you authorized to work in the U.S.?** YES NO

Have you worked for Iten Industries before? YES NO **If yes, when?** _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION HISTORY

High School: _____ **Address:** _____
From: _____ **To:** _____ **Did you graduate?** YES NO **Diploma:** _____

College: _____ **Address:** _____
From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

EMPLOYMENT HISTORY

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? YES NO

Describe any special job-related training received: _____

SPECIAL SKILLS

Describe any other special job-related skills or qualifications (foreign languages, software training, professional associations, etc.) that would support your application: _____

DISCLAIMER & SIGNATURE

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at any later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from liability or responsibility all persons and corporations requesting or supplying such information.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising Iten Industries, Inc.: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health and safety of myself or others.

I hereby agree to submit to any lawful drug, polygraph, or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not and is not intended to be a contract for continued employment. I further understand that no officer, employee, or agent has the authority to change the at-will nature of the employment relationship except by a fully executed written contract of employment for a specific term.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature: _____

Date: _____

REV. 02/23/2023



VOLUNTARY SELF-IDENTIFICATION

Iten Industries is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

The information requested below is used by Iten Industries only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH ITEN. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will be kept in strict confidence within the Human Resource department and will not affect your employment opportunities with Iten. Refusal to provide the information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____ Date: _____

Job Applied For: _____

Referral Source: _____

Race/Ethnicity

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races
- I do not wish to disclose this information.

Gender

- Male Female
- I do not wish to disclose this information.

Veteran Status:

- Yes No
- I do not wish to disclose this information.

Employee Name Printed

Employee Signature

Date

Confidential – Store in secure EEO files, separate from personnel records