



APPLICATION FOR EMPLOYMENT
(Please Print)

Note: This application was designed to use with several types of positions.

Position Applied for _____ Date _____

Name Last First Middle

Address Number/Street City/State Zip

Phone (____) _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity will be required upon employment.

Are you over the age of 18? ____ Yes ____ No

Have you previously been employed by ISC or any of its subsidiaries? ____ Yes ____ No

Are there any hours, shifts or days you cannot work? ____ Yes ____ No

If Yes, explain: _____

Do you have any friends or relatives who work here? ____ Yes ____ No (If Yes, complete below)

Name _____ Relationship _____

Name _____ Relationship _____

Special qualifications for the work applied for: _____

NOTICE TO APPLICANTS

The Company is an equal employment opportunity employer and considers applications for all positions without regards to race, color, age, sex, religion, national origin, disability or marital status. This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days must reapply.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract for employment.

I further understand that all employees are subject to blood tests or urinalysis screening for drug and alcohol use under appropriate circumstances and my failure or refusal to take such a test when requested to do so shall be a basis for my dismissal at any time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature _____

Date _____