



310 North First Street | PO Box 397 | Colwich, KS 67030 | energysolinc.com

EMPLOYMENT APPLICATION

Energy Management Solutions, Inc. is an equal opportunity employer

DIRECTIONS:

- Type or print, using blue or black ink
- If you need additional space, attach a supplemental sheet
- Sign the completed application

PLEASE COMPLETE THE ENTIRE APPLICATION

GENERAL

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION	
ADDRESS		PHONE NO. – DAY	PHONE NO. – EVENING	
CITY, STATE, ZIP CODE		EMAIL ADDRESS	BIRTHDATE (ANSWER ONLY IF UNDER 18)	
HAVE YOU PREVIOUSLY WORKED FOR ICM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				

POSITION

TYPE OF POSITION APPLYING FOR:		HOW DID YOU HEAR ABOUT THIS JOB?	
DATE AVAILABLE: POSITION DESIRED: <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME REGULAR		SPECIFY ANTICIPATED PERIOD OF WORK AND/OR NUMBER OF OF HOURS PER DAY	WAGE/ SALARY EXPECTED

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION				

EDUCATION & TRAINING

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL OR	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	<u>NAME OF SCHOOL</u>
	YES	NO			
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL OR	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	<u>NAME OF SCHOOL</u>
	YES	NO			
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	<u>NAME OF SCHOOL</u>
	YES	NO			
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	<u>NAME OF SCHOOL</u>
	YES	NO			

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT ICM.

LANGUAGE ABILITY— LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK	READ	WRITE	SPANISH	SPEAK	READ	WRITE	OTHER	SPEAK	READ	WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize Energy Management Solutions, Inc. to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by Energy Management Solutions, Inc. pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to Energy Management Solutions, Inc. pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize Energy Management Solutions, Inc. to deduct from wages due me at any time the value of any unreturned company property of Energy Management Solutions, Inc. entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of Energy Management Solutions, Inc. now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with Energy Management Solutions, Inc. that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, RELIGION, or DISABILITY.

Employment is contingent upon furnishing evidence of identity and employment eligibility and passing a pre-employment drug screening and background check.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	MAILING ADDRESS	PHONE