

Prospective Employee Information

Email:

Last Name: First: Middle:

Street Address:

City: State: Zip:

Primary Phone: Over 18? Yes No

Position Applying For - Department:

Position:

Previously Employed By IFD? Yes No

Relatives Employed By IFD? Yes No

Convicted of a Crime? Yes No

Details:

How did you hear about us? Current Employee Website Other

Name of Employee, Website or Other:

Employment History (Previous 10 Years)

Name /Location of Company:	Title and Duties:	Date Started:	Date Ended:

Skills & Abilities

Warehouse Skills

Skill		Experience – Number of Years
Forklift Certification?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>
Sit-Down Forklift?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>
Standup Reach Truck?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>
Pallet Mover Walking?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>
Pallet Mover Riding?	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>

Other Skills

CDL? <input type="radio"/> Yes <input type="radio"/> No Class: <input style="width: 100%;" type="text"/>	Technical Skills: <input style="width: 100%; height: 20px;" type="text"/>
Valid Driver's License? <input type="radio"/> Yes <input type="radio"/> No State: <input style="width: 100%;" type="text"/>	Additional Skills: <input style="width: 100%; height: 40px;" type="text"/>

Typing: WPM 10 Key Data Entry

Education/Training

Name and Location	Course of Study/Degree	Graduated?
High School: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Technical: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
College: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Military: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Professional Memberships/Certifications: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No