

Please list in detail the specific equipment you are able to operate.	Years of Experience	Experience or education acquired to operate:

REFERENCES: Give names of three persons not related to you, whom you have known at least one year.

Name and Address:	Business	Years Acquainted

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work which you are being consider Yes No

If yes, What can be done to accommodate your limitation?

Please describe:

Do you give IMS permission to contact your previous employers? Yes No

Do you give IMS permission to contact your references? Yes No

Have you been convicted of a Felony within the last 5 years? Yes No

Why are you interested in employment at IMS? _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____

Date: _____