



# Employment Application 2026

Check here if you have a resume to attach:

PERSONAL INFORMATION				
FIRST NAME	MIDDLE NAME		LAST NAME	
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
EMAIL ADDRESS			Best time to reach you? _____	

Are you 18 years of age or older?  Yes  No

Are you a U.S. Citizen?  Yes  No

Are there any medical conditions (physical, mental, etc.) that may affect your performance or attendance?  Yes  No

If "yes," please explain: \_\_\_\_\_

How were you referred to InterMotive?

College/University       Advertisement  
 Recruiter/Agency       No Referral/Walk-in  
 Employee       Other: \_\_\_\_\_

POSITION		
POSITION APPLYING FOR	SALARY DESIRED \$ _____ PER _____ (specify hour, week or year)	
SCHEDULE DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	NUMBER OF HOURS PER WEEK	CAN YOU WORK OVERTIME? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE AVAILABLE TO START WORK	CAN YOU TRAVEL IF REQUIRED BY THIS POSITION? <input type="checkbox"/> Yes _____ % of time <input type="checkbox"/> No	



EDUCATION: HIGH SCHOOL		
SCHOOL NAME	CITY	STATE
DEGREE OR NO. YEARS COMPLETED	GRADE POINT AVERAGE (GPA)	

EDUCATION: COLLEGE		
SCHOOL NAME	CITY	STATE
DEGREE OR NO. YEARS COMPLETED	GRADE POINT AVERAGE (GPA)	

EDUCATION: GRADUATE SCHOOL		
SCHOOL NAME	CITY	STATE
DEGREE OR NO. YEARS COMPLETED	GRADE POINT AVERAGE (GPA)	

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

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List any professional affiliations to which you belong (do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability):

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Have you been previously employed by InterMotive?  Yes  No Date \_\_\_\_\_

CURRENT EMPLOYER				
COMPANY		CITY		STATE
PHONE NUMBER	SUPERVISOR'S NAME & TITLE			
POSITION HELD	REASON FOR LEAVING			
DATES OF EMPLOYMENT From: _____ To: _____			MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYER				
COMPANY		CITY		STATE
PHONE NUMBER	SUPERVISOR'S NAME & TITLE			
POSITION HELD	REASON FOR LEAVING			
DATES OF EMPLOYMENT From: _____ To: _____				

PROFESSIONAL REFERENCES				
Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



DISCLOSURE

InterMotive is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

APPLICANT'S RELEASE

The purpose of this release is to allow InterMotive, Inc. (referred to as "Company") in connection with my application for employment and as a condition of continuing employment, to obtain pre-employment information which may include any lawful investigative background inquiries to be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so.

Initials \_\_\_\_\_

APPLICANT'S STATEMENT

All hiring and employment at InterMotive, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by InterMotive, Inc. has no specific term and may be terminated by the employee or InterMotive, Inc. with or without notice. I acknowledge that InterMotive, Inc. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with InterMotive, Inc. and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to InterMotive, Inc. I agree to release and hold harmless InterMotive, Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with InterMotive, Inc. may be terminated.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_