

FRM-HR-12, Rev 4: 02-07-2022

To applicant: Your interest in employment with Inserso is appreciated. A clear understanding of your background and work experience will aid us in considering your application.

Date:				
Personal Information				
First Name	Middle Name (If No	o Middle Name, Type or Print 'NA	MN') Last Name	
Address Line 1				
Address Line 2				
City	State	Zip Code	E-mail Address	
Primary Phone Number				
General Information				
Position Applied For			Date Available	
Salary Expectations				
Are you 18 years of age or olde	er? 🗆 Yes 🗆 No			
Are you legally authorized to w	ork in the United St	tates without sponsorshi	ip? □ Yes □ No	
Do you now or at a future date	require visa sponsor	ship to work in the Unit	ed States?    Yes    No	
Do you currently or have you h	eld a security cleara	nce? 🗆 Yes 🗀 No		
If yes, provide date, federal age	ency, and level of cle	earance.		
List any acquaintances or relative	ves employed by Ins	serso and their relations	hip to you.	
Have you ever been employed be	•		If yes, when (MM/YYYY)?	Indeed, Dice, etc.)?



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	Name and Address of Institution	No. Years Completed	Did You Graduate?	Major or Course of Study	Highest Level of Education?	
High School/GED			☐ Yes ☐ No	N/A	☐ Yes ☐ No	
Associate Degree			☐ Yes ☐ No		☐ Yes ☐ No	
Undergraduate Degree			☐ Yes ☐ No		☐ Yes ☐ No	
Graduate Degree			☐ Yes ☐ No		☐ Yes ☐ No	
Doctorate			☐ Yes ☐ No		☐ Yes ☐ No	
Other Education (i.e. Technical, Trade, Vocational, Certificates, Additional Degrees, etc.)			☐ Yes ☐ No		☐ Yes ☐ No	
Are you capable of performing the essential functions of the job for which you have applied, with or without a reasonable accommodation?						
<b>Employment Separation</b>						
Have you ever been discharged or asked to resign from any position within the last seven (7) years?   Yes  No						
Date	Name of Employer					
Employer Address						
Reason						



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### **Employment History**

Please provide your last seven (7) years of employment history, up to three (3) employers.

Employer Name	May this employer be contacted at this time ☐Yes for a reference?	□No
Employer City, State, and Phone Number		_
Job Title	Start and End Dates  MM/YYYY	To MM/YYYY
Supervisor's Name and Job Title		
Reason for Leaving	·	
Employer Name	May this employer be contacted at this time ☐Yes for a reference?	□No
Employer City, State, and Phone Number		
Job Title	From Start and End Dates	То
JOD THE	MM/YYY	MM/YYY
Supervisor's Name and Job Title		
Reason for Leaving		
Employer Name	May this employer be contacted at this time ☐Yes for a reference?	□No
Employer City, State, and Phone Number		
Job Title	From Start and End Dates	То
THE STATE OF THE S	MM/YYY	MM/YYY
Supervisor's Name and Job Title		
Reason for Leaving	·	



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#### References

### Please provide:

- One (1) professional reference who has worked closely with you for at least six (6) months within the past seven (7) years.
- One (1) personal reference who you have not worked with but can describe your values, integrity, character, and goals.

Name	Relationship	E-mail Address	Telephone Number
	Professional		
	Personal		

### Acknowledgement and Signature

Inserso is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information. or any other protected federal, state or local status. Reasonable accommodation will be made for qualified individuals with a disability, where such accommodations will not impose an undue hardship during the application process and on the job.

This application is not a contract of employment between Inserso and any person, nor does it give any person the right to continue in the employment of Inserso for any specific period.

I acknowledge and agree to the following:

- 1. Satisfactory verification of all job qualifications, which may include academic credentials, licenses, professional designations, and credit, criminal, and employment history, and that Inserso may obtain or have prepared a consumer report in this regard. I understand that upon written request, I will be informed of the name and address of the agency providing any consumer report that Inserso may obtain;
- 2. I will provide satisfactory attestation and substantiating documentation that I am legally authorized to work in the United States in accordance with the Immigration Reform and Control Act of 1986;
- 3. I authorize Inserso, or its authorized agent, to contact any of my institutions, references, former employer(s), and/or anyone to verify the facts furnished regarding my background and qualifications. I hereby release Inserso and any such person from liability or claims of any nature in connection with the furnishing of such information;
- 4. I agree that if employment is obtained under this application, I will comply with all policies and procedures of Inserso. Furthermore, I understand that employment with Inserso is at-will for no definite period and may be terminated by me or Inserso at any time for any reason not specifically prohibited by law. I understand that no representative of Inserso has the authority to make any assurances to the contrary except the President and CEO of Inserso in a signed, written document;
- 5. I understand that I will be separated from employment if I fail to make the required attestations or submit the necessary documentation according to the Immigration Reform and Control Act of 1986, or if it is determined that I am not authorized to work in the United States; and
- 6. I certify that I have read the information and have answered all questions completely and accurately. Any misrepresentation of facts on the Employment Application or resume is sufficient cause for rejection of my application or dismissal at any time during the period of employment.

Signature	Date	

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.