



APPLICATION FOR EMPLOYMENT – IMS

Cibus is an equal opportunity employer. Applicants are considered without regard to race, color, national origin, religion, sex, age, handicap, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification.

Please Print

Date of Application: _____

Name (Last/First/Middle)	Social Security Number
Address (Street/City/State/Zip)	Telephone Number
If you have resided at your present address less than 3 years, list other addresses at which you have resided during the past 3 years.	
Previous Address (Street/City/State/Zip)	
Previous Address (Street/City/State/Zip)	

Position(s) applied for	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Hourly Rate/Salary Required				
What hours and days of the week would you be able to work?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Will you work overtime if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		On what day would you be available to work?		
Are you willing to take a physical exam at Cibus's expense? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you filed an application with Cibus before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:				
Are you over the age of: 16? <input type="checkbox"/> Yes <input type="checkbox"/> No		18? <input type="checkbox"/> Yes <input type="checkbox"/> No		21? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by Cibus before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give dates and reasoning for leaving:						
Do you have any relatives employed by Cibus? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list them by name:						

Why do you think you would make a valuable employee of Cibus?

Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No

Have you ever been discharged from a position? Yes No

If Yes, please explain:

Have you ever been convicted of a felony* or misdemeanor (other than a minor traffic violation)? Yes No

If Yes, please explain:

*Conviction will not necessarily disqualify applicant from employment.



EMERGENCY CONTACT

Name	Relationship
Address	Emergency Telephone Number

EDUCATION

Type of School	Name of School	City/State	Years Completed	Graduate Yes / No	Course Pursued Degrees Granted
Grade School					
Junior High School					
Senior High School					
College/University					
Business, Trade, or Technical School					

MILITARY SERVICE

Did you serve in the United States Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From	To
Rank At Discharge	What was your job related assignment		
Are you in the Armed Forces Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	If Yes, what is you status? <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Type of Discharge
Present Draft Classification:	What was your job related assignment		

Summarize special job-related skills /qualifications acquired from education, employment, volunteer work, or military service:

List specific office machines, tools, machinery, or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position for which you are applying:



PERSONAL REFERENCES

List the name, address, and telephone number of 3 personal references who are not related to you and are not previous employers.

1. Name	Address	Telephone Number
2. Name	Address	Telephone Number
3. Name	Address	Telephone Number

EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience for at least the past 10 years.

You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer		Address		Telephone Number
Employed From	Employed To	Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Supervisor
Job Title	Description of Work/ Responsibilities			
Reason For Leaving				
Employer		Address		Telephone Number
Employed From	Employed To	Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Supervisor
Job Title	Description of Work/ Responsibilities			
Reason For Leaving				
Employer		Address		Telephone Number
Employed From	Employed To	Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Supervisor
Job Title	Description of Work/ Responsibilities			
Reason For Leaving				

Which of the positions listed above did you like best?

Why?

May Cibus contact the employers listed above? Yes No

If No, indicate which one(s) you do not want Cibus to contact, and state the reason why you prefer that we don't contact them.



Please provide any additional information you believe would be helpful in considering your application:

APPLICANT'S STATEMENT

(Please indicate that you have read and that you understand each paragraph of the Applicants Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that any false, misleading, inaccurate or limited information in my application may result in discharge.

_____ I authorize Cibus, or its agents, to investigate the statements contained in this application, including interviewing the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and work place conduct.

_____ I hereby release all parties, including but not limited to, Cibus, its agents and employees, my personal references, medical providers, and previous employers, from any and all liability for any injury or damage, or claims thereof, resulting from furnishing any information to Cibus concerning me or any action based on any such information.

_____ I agree to submit to drug testing, if required, and understand that any offer of employment is contingent upon results of that examination.

_____ I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment by Cibus would be contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Cibus or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Cibus material do not create any guarantee of employment and Cibus has the right to modify, amend or terminate policies, practices, benefits plans, or other programs within the limits and requirements for any specific period of time or to make any agreement contrary to the foregoing.

Applicant Signature: _____ Date: _____

Note: This application will be kept by Cibus for twelve months. You will need to complete another employment application to be reconsidered for employment after this period. This form will be submitted electronically by clicking on the Submit button. You will have to be connected to the internet to submit the application electronically.