

# FORM A

## Investment Corporation of America (and all affiliated companies - Herein After Called the Company) APPLICATION FOR EMPLOYMENT (Please Print)


We are an equal opportunity employer. All applicants are considered for employment without regard to race, color, religion, nationality, ancestry, age, sex, marital status, height, weight, or handicaps unrelated to the individual's ability to perform essential job functions.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER ( ) \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

What position are you applying for? \_\_\_\_\_ Are you seeking Full-time, Part-time, or Temporary work? \_\_\_\_\_ How did you happen to apply? Advertisement \_\_\_\_\_ Sign \_\_\_\_\_ Referred by \_\_\_\_\_ Other \_\_\_\_\_ Expected wage or salary \_\_\_\_\_ per \_\_\_\_\_. Are there any days or hours when you are not available for work? \_\_\_\_\_

List friends and/or relatives working for this company or any of its affiliates: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Have you ever worked for this company? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" give dates. (Starting & ending) \_\_\_\_\_ to \_\_\_\_\_. Where: \_\_\_\_\_ Name of General Manager \_\_\_\_\_

Have you ever worked for an employer or attended school under a different name than shown above? If so, please List name: \_\_\_\_\_ Are you legally eligible for employment in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

 **Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please explain on reverse side.**

State whether you can perform all of the essential functions of the position for which you are applying, with or without accommodation (such as job modification, use of adaptive equipment, or special equipment). \_\_\_\_\_ Yes \_\_\_\_\_ No. Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes," with what employer? \_\_\_\_\_ Military Service \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, Branch \_\_\_\_\_

### EXPERIENCE/SKILLS (Check as appropriate)

#### JOB EXPERIENCE

\_\_\_\_ Manufactured Home Retail Mgt/Sales \_\_\_\_\_ Hotel Management  
\_\_\_\_ Media (TV, Radio, etc.) \_\_\_\_\_ Hotel Sales Office  
\_\_\_\_ Property Management \_\_\_\_\_ Hotel Front Desk  
\_\_\_\_ Insurance Sales \_\_\_\_\_ Cosmetology  
\_\_\_\_ Retail Sales (Other) \_\_\_\_\_ Accounting/Bookkeeping

#### OFFICE SKILLS:

\_\_\_\_ Teaching Certificate \_\_\_\_\_ Excel \_\_\_\_\_ Power Point \_\_\_\_\_ Omni Form  
\_\_\_\_ Maintenance/Construction \_\_\_\_\_ Access \_\_\_\_\_ Word  
\_\_\_\_ Oil & Gas

Other Skills and Abilities: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_ Grade Completed? \_\_\_\_\_  
Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No G.P.A. \_\_\_\_\_

COLLEGE OR TECHNICAL SCHOOLS

Name: \_\_\_\_\_  
City/State: \_\_\_\_\_ Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Major: \_\_\_\_\_  
G.P.A. \_\_\_\_\_

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**EMPLOYMENT**

Beginning with present or most recent employment. Show COMPLETE addresses, phone numbers, dates, etc. for ALL employment, including military service, when applicable.

Employed From:	(Month, Year)	To:	(Month, Year)
Company Name:			Phone No. ( )
Address:			
City:	State:	Zip:	
Position:			Pay Rate:
Name of Supervisor:			Title:
List main duties performed:			
Reason for leaving:			
If presently employed, may we contact? Circle Yes or No.			YES NO

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Employed From:	(Month, Year)	To:	(Month, Year)
Company Name:			Phone No. ( )
Address:			
City:	State:	Zip:	
Position:			Pay Rate:
Name of Supervisor:			Title:
List main duties performed:			
Reason for Leaving:			

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Employed From:	(Month, Year)	To:	(Month, Year)
Company Name:			Phone No. ( )
Address:			
City:	State:	Zip:	
Position:			Pay Rate:
Name of Supervisor:			Title:
List Main duties performed:			
Reason for Leaving:			

I affirm that the foregoing statements are true, that all information is correct and complete. I understand that if employed, any inaccurate statements whether or not intentionally made on this application shall be sufficient cause for dismissal. I affirm that the Company has notified me that an investigation report concerning the information contained herein and concerning character, credit, criminal background, and general reputation may be sought and that I may request in writing a disclosure of the nature and scope of the report. I grant permission to the Company to conduct such investigation as they may desire of the information I have given on this application and authorize any person or organization contacted to furnish any information that the Company may request. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Company may be terminated. I hereby release the Company and any prior employer from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by the Company or previous employers.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company, such employment will not result in a contract for employment and that the Company may terminate my services at any time for any reason with or without cause. I further recognize if I am employed by the Company that I will receive wages and benefits, and be subject to rules and regulations as set forth in any handbooks that may be in place now or in the future, Policy Statement, and Plan descriptions but I agree that such wages and benefits, rules and regulations are subject to change by the Company at any time with or without notice to me. I further recognize that nothing contained in any documents published by the Company shall in any way modify the above terms and that these items cannot be modified in any way by any oral or written representations made by anyone employed by the Company except by a written document signed by an officer of the company.

I recognize that in the event I am offered employment by the Company or at any time prior to an actual offer of employment, or at any time after employment that it may be necessary for me to undergo a physical examination and/or a drug test. I hereby consent to such physical examination (including drug testing by the taking of a urine sample or other means). I also understand the failure, or refusal to take, of the physical and/or drug test may be cause for immediate termination or reason for not offering employment at the sole discretion of this employer. I understand that in the event that I am hired by the Company that I may be required to operate machinery or power tools either at ground level or while elevated on scaffolds or ladders or I may be exposed to such equipment or working conditions thereby necessitating that I conduct myself in accordance with established safety guidelines and common sense. If there exists, in the opinion of the Company, a reasonable suspicion that I am in a condition unfit to operate such equipment or to be exposed to such equipment or working conditions because of the presence of marijuana, cocaine or other illegal drugs, narcotics, amphetamines, barbiturates, hallucinogens or alcohol in my body, I hereby consent to an immediate physical examination including the taking of blood and/or urine samples to ascertain and verify my condition. I understand that if I refuse to take the examinations or test described above, I will be deemed to have admitted being in the prohibited condition. I further consent to and authorize the release of the results of such examination to authorized personnel of the Company.

**ARBITRATION:** I, as employee, understand that Investment Corporation of America, or its affiliates (the Company) desires to resolve all disputes or controversies of any kind arising under, or in connection with, my employment under this agreement, and that both parties hereto agree to seek resolution to any such dispute or claim exclusively by arbitration, conducted before a panel of three (3) arbitrators, in accordance with the arbitration award in any court having proper jurisdiction. [The decision of the arbitrators is final and binding on the parties.] Both parties (team member and company) shall equally divide all costs and fees due and payable to the American Arbitration Association and the arbitrator. Each party shall bear it's own legal fees in any dispute, except that in the event the team member prevails on any material issue, the arbitrators may award the team member his/her legal fees attributable to all matters other than frivolous positions taken by the team member (as to be determined by the arbitrator).

**I have read and understand the above application for employment and all statements and conditions of employment and promise to be bound by all rules, regulations, policies, procedures and arbitration of the Company in force at the time of my employment or that may be later adopted.**

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Signature of Applicant

Date