

# **APPLICATION FOR EMPLOYMENT Innovative Land Development, LLC**

**Use this application to apply for employment positions.  
Submit it to the office listed in the advertisement.**

**ILD Human Resources  
P.O. Box 782  
Pelham, AL. 35124  
<http://www.innovative-developmentllc.com>**

**An equal opportunity employer.**

**APPLICATION FOR EMPLOYMENT**  
PLEASE PRINT OR TYPE - USE BLACK OR BLUE INK ONLY

**POSITION INFORMATION**

List the position for which you are applying:

TITLE: \_\_\_\_\_

POSITION #: \_\_\_\_\_

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Others are prohibited from employment by Federal law.

Are you presently authorized to work in the U.S.?  Yes  No

Federal law requires proof of your authorization. You will be asked to provide proof of your identity and employment eligibility no later than three days after employment. If employed you must complete Section 1 of the Employment Eligibility Verification forms (Form I-9) no later than close of business on the first day of employment.

Do you currently work or have you ever worked for ILD?  Yes  No

If so, when, where, and under what name(s)?

\_\_\_\_\_

Do you have any relative(s) employed by ILD?  Yes  No

If yes, list their names.

\_\_\_\_\_

Are you a veteran of the U.S. military?  Yes  No

If yes, list your dates of active duty and discharge date:

From: \_\_\_\_\_ To: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Did you receive a dishonorable discharge from the military?  Yes  No

Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

How did you become aware of this position? \_\_\_\_\_

**PERSONAL INFORMATION CONTINUED**

**Criminal Conviction Information:**

Have you been convicted of, pleaded no contest to, or had an adjudication of guilt withheld for a felony or first-degree misdemeanor?

Yes  No

Have you ever been censured/disciplined or found to be in violation of ethical standards by a professional organization?

Yes  No

If you answered "yes" to any of the above questions, list the date, offense and describe the circumstances.\* In cases of criminal charges, list the specific charge. Use additional paper if necessary.

Date: \_\_\_\_\_

Offense: \_\_\_\_\_

City/State in which convicted: \_\_\_\_\_

Judgment, including probation: \_\_\_\_\_

\*Answering "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

**EDUCATION**

Be prepared to provide original transcripts for all post-high school course work. Circle the highest level of attainment:

High School: 9 10 11 12 GED

College: 1 2 3 4

Specialist, Masters, Doctorate Other \_\_\_\_\_

Name and location of education institution (secondary and beyond). Attach additional sheets as necessary.	Semester or Quarter Hours Completed	Did you graduate?	Major	Minor	Degree Awarded
Name and Location:					
Name and Location:					
Name and Location					
Name and Location					
Name and Location					
Name and Location					

### EMPLOYMENT HISTORY

List all employment starting with your current or most recent job. Account for all periods including unemployment, U.S. military service and volunteer work. If you list military service as work experience, you must attach a copy of your DD-214.

<p>Job Title: _____</p> <p>Current Employer: _____ Phone: (____) ____ - _____</p> <p>Supervisor's Name and Title: _____</p> <p>Employment Dates: From: _____ To: _____ Did you work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p>Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Address: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>
<p>Job Title: _____</p> <p>Current Employer: _____ Phone: (____) ____ - _____</p> <p>Supervisor's Name and Title: _____</p> <p>Employment Dates: From: _____ To: _____ Did you work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p>Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Address: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>
<p>Job Title: _____</p> <p>Current Employer: _____ Phone: (____) ____ - _____</p> <p>Supervisor's Name and Title: _____</p> <p>Employment Dates: From: _____ To: _____ Did you work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p>Hours: _____ Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Address: _____</p> <p>Duties: _____</p> <p>Reason for Leaving: _____</p>

**EMPLOYMENT HISTORY CONTINUED**

You may supplement this application with additional sheets, if necessary.

**SKILLS, LICENSES, CERTIFICATIONS, SCHOLARSHIPS, AWARDS, HONORS, & MEMBERSHIPS**

Indicate any professional or occupational licenses, registrations or certifications you currently hold. If a license or certification is required for a position, you must provide a copy of it to the hiring department. Also list any special knowledge, skills or abilities you have.

List scholarships, awards, honors, and memberships in honorary and/or professional societies, publications, consulting work in professional field, etc. Use additional sheet if necessary.

**CERTIFICATION, AUTHORIZATION AND SIGNATURE**

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which ILD may contact to secure references or records. I hereby authorize the ILD to release information concerning my employment to any prospective employer or others seeking to verify my employment with ILD. I hereby release the ILD from all liability for any truthful statement made by any employee, agent or official of ILD, which is made to any prospective employer and waive any claim that might arise from any such statement. I consent to the use of my social security number for ILD business. I certify that the statements I made are true and complete to the best of my knowledge. I understand that any false statements or omissions made on this application or supplement may be grounds for immediate discharge or for removal from consideration of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPETENCIES CHECKLIST FOR THE OPEN POOL POSITIONS**

**Applications are valid for three months – after three months a new application is required.**

<p><b><u>Computer and Software</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Computer (PC)</li> <li><input type="checkbox"/> Banner Computer System</li> <li><input type="checkbox"/> GEMS/PeopleSoft</li> <li><input type="checkbox"/> Macintosh Computer</li> <li><input type="checkbox"/> SAMAS</li> <li><input type="checkbox"/> Microsoft Excel</li> <li><input type="checkbox"/> Microsoft Word</li> <li><input type="checkbox"/> Microsoft Access</li> <li><input type="checkbox"/> Microsoft PowerPoint</li> <li><input type="checkbox"/> WordPerfect</li> <li><input type="checkbox"/> Lotus 123</li> <li><input type="checkbox"/> E-mail - What program? _____</li> <li><input type="checkbox"/> Graphics Software - What program? _____</li> <li><input type="checkbox"/> Word Processing Software - What program? _____</li> <li><input type="checkbox"/> Spreadsheet Software - What program? _____</li> <li><input type="checkbox"/> Database Software - What program? _____</li> <li><input type="checkbox"/> Windows</li> <li><input type="checkbox"/> HTML</li> <li><input type="checkbox"/> Desktop Publishing</li> <li><input type="checkbox"/> Internet</li> <li><input type="checkbox"/> PageMaker</li> <li><input type="checkbox"/> Clip Art</li> <li><input type="checkbox"/> Corel Draw</li> <li><input type="checkbox"/> FileMaker Pro</li> <li><input type="checkbox"/> DeltaGraph</li> <li><input type="checkbox"/> On-line searches</li> </ul>	<p><b><u>Secretarial/Clerical</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Typing skill _____ correct words per minute; Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li><input type="checkbox"/> Transcription</li> <li><input type="checkbox"/> Data Entry</li> <li><input type="checkbox"/> Scheduling Meetings</li> <li><input type="checkbox"/> Filing</li> <li><input type="checkbox"/> Medical terminology</li> <li><input type="checkbox"/> Grammatical skills</li> </ul> <p><b><u>Procedures</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Human Resources/personnel</li> <li><input type="checkbox"/> Payroll</li> <li><input type="checkbox"/> Purchasing</li> <li><input type="checkbox"/> Travel</li> <li><input type="checkbox"/> Grant Activity</li> <li><input type="checkbox"/> Governmental regulations</li> </ul> <p><b><u>Interpersonal</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Good oral communication</li> <li><input type="checkbox"/> Good written communication</li> <li><input type="checkbox"/> Detail oriented</li> <li><input type="checkbox"/> Able to work with a diverse population</li> <li><input type="checkbox"/> Problem-solving skills</li> <li><input type="checkbox"/> Analytical ability</li> <li><input type="checkbox"/> Customer service orientation</li> </ul>
<p><b><u>Office Equipment/Machines</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copier</li> <li><input type="checkbox"/> Fax Machine</li> <li><input type="checkbox"/> Scanner</li> <li><input type="checkbox"/> Printers</li> <li><input type="checkbox"/> Multi-line Phones</li> <li><input type="checkbox"/> Calculator</li> <li><input type="checkbox"/> Cash Register</li> <li><input type="checkbox"/> Adding Machine</li> </ul>	<p><b><u>Fiscal</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Budgets</li> <li><input type="checkbox"/> Cash Handling</li> <li><input type="checkbox"/> Clerical accounting</li> <li><input type="checkbox"/> Accounts receivable</li> <li><input type="checkbox"/> Accounts payable</li> <li><input type="checkbox"/> Payroll</li> <li><input type="checkbox"/> Purchasing</li> </ul>
<p><b>I understand that if I am hired based on information given above that is later determined by ILD to be inaccurate, I will be subject to the following actions: immediate discharge, demotion or reduced pay rates.</b></p>	

**APPLICANT DATA FORM**

**APPLICANT INFORMATION**

**Affirmative Action Statement**

It is Innovative Land Development, LLC's policy to hire the most qualified candidate for a given position.

**The following information is needed for evaluation of recruitment programs, monitoring, and reporting. Your response is voluntary. Refusal to respond will not subject you to adverse treatment in employment consideration.**

\_\_\_\_\_  
**Name of Applicant**

**Race:**

- |   |   |
|---|---|
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Hispanic               |
| <input type="checkbox"/> American Indian or Alaska Native |   |

**Sex:**

- Male  
 Female

**US Veteran Status:**

- Disabled Veteran  
 Vietnam Era  
 Other Eligible Veteran

**DEPARTMENT INFORMATION**

**Department/College (where position is located)**

**Position Information:**

Title: \_\_\_\_\_

Position #: \_\_\_\_\_ or Tracking #: \_\_\_\_\_

How did you become aware of the position \_\_\_\_\_

If it is through newspaper(s)/periodical(s)/other media, please give the name:

\_\_\_\_\_

\_\_\_\_\_

**Equal Opportunity Statement**

Innovative Land Development, LLC maintains a strict policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, age, martial status, disability, or status as a disabled veteran or Vietnam era veteran. This policy applies to all programs. Any discriminatory action can be a cause for disciplinary action. Discrimination is prohibited by Title VI and VII of the Civil Rights Act of 1964, Title IX, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, Vietnam Era Veterans's Readjustment Assistance Act of 1972 as amended, other federal and state statutes, regulations, and ILD policy.

If you wish to request a disability accommodation during the application process, please advise ILD personnel.

**RETURN THE COMPLETED FORM TO THE DEPARTMENT NAMED ABOVE**

**FOR YOUR INFORMATION, THE FOLLOWING DEFINITIONS APPLY:**

**BLACK OR AFRICAN AMERICAN:** means a person with origins in any of the Black racial groups of Africa.

**ASIAN:** means a person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.

**WHITE:** means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**HISPANIC OR LATINO OR SPANISH ORIGIN:** means a person with origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

**AMERICAN INDIAN OR ALASKA NATIVE:** means a person with origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or has community recognitions as an American Indian or Alaska Native.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** (race) means a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Native Hawaiian does not include individuals who are native to the state of Hawaii by virtue of being born there.)

**MALE:** a male applicant.

**FEMALE:** a female applicant.

**DISABLED VETERAN:** An applicant entitled to disability compensation under Veterans Administration for a disability rate of 30% or more, or whose discharge/release from active duty was for a disability incurred or aggravated in the line of duty.

**VIETNAM ERA VETERAN:** An applicant who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; (b) was discharged or released from active duty for a service-connected disability if any part of such activity was performed during the times and places specified under (a).

**OTHER ELIGIBLE VETERAN:** Served on active duty during war or in a campaign or expedition for which a campaign badge has been authorized.