



Company Applying: _____ IKBI, Inc. _____ CCI, Inc. _____ CSI, Inc.

**EMPLOYMENT
APPLICATION**

APPLICANT INFORMATION	
FULL NAME:	
_____ LAST	_____ FIRST _____ M.I.
ADDRESS:	
_____ STREET ADDRESS	_____ APARTMENT UNIT
_____ CITY	_____ STATE _____ ZIP CODE
PHONE:	EMAIL ADDRESS:
DATE AVAILABLE:	SOCIAL SECURITY #:
POSITION APPLIED FOR	DESIRED SALARY:
ARE YOU A UNITED STATES CITIZEN? <input type="radio"/> YES <input type="radio"/> NO	IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="radio"/> YES <input type="radio"/> NO
HAVE YOU EVER WORKED FOR IKBI? <input type="radio"/> YES <input type="radio"/> NO	IF SO, WHEN?
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, EXPLAIN: ►	

EDUCATION	
HIGH SCHOOL:	ADDRESS:
ATTENDED FROM: _____ TO _____	DID YOU GRADUATE? <input type="radio"/> YES <input type="radio"/> NO
COLLEGE:	ADDRESS:
ATTENDED FROM: _____ TO _____	DID YOU GRADUATE? <input type="radio"/> YES <input type="radio"/> NO DEGREE(S):
OTHER:	ADDRESS:
ATTENDED FROM: _____ TO _____	DID YOU GRADUATE? <input type="radio"/> YES <input type="radio"/> NO DEGREE(S):

REFERENCES PLEASE LIST THREE (3) PROFESSIONAL REFERENCES.		
1	FULL NAME:	RELATIONSHIP:
	COMPANY:	PHONE NUMBER:
2	FULL NAME:	RELATIONSHIP:
	COMPANY:	PHONE NUMBER:
3	FULL NAME:	RELATIONSHIP:
	COMPANY:	PHONE NUMBER:

601-656-1153 office
601-656-7533 fax
114 Maintenance Rd.

p.o. box 6101
choctaw, ms 39350
www.ikbiinc.com

EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT		
COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES: ▶		
EMPLOYED FROM: _____ TO: _____	REASON FOR LEAVING:	
MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? <input type="radio"/> YES <input type="radio"/> NO		

COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES: ▶		
EMPLOYED FROM: _____ TO: _____	REASON FOR LEAVING:	
MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? <input type="radio"/> YES <input type="radio"/> NO		

COMPANY:	PHONE:	
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES: ▶		
EMPLOYED FROM: _____ TO: _____	REASON FOR LEAVING:	
MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? <input type="radio"/> YES <input type="radio"/> NO		

MILITARY SERVICE	
BRANCH:	SERVED FROM: _____ TO: _____
RANK AT DISCHARGE:	TYPE OF DISCHARGE:
IF OTHER THAN HONORABLE, EXPLAIN: ▶	

ARE YOU WILLING TO TRAVEL? <input type="radio"/> YES <input type="radio"/> NO	WOULD YOU RELOCATE? <input type="radio"/> YES <input type="radio"/> NO
FREQUENCY OF TRAVEL? <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> OVER 50%	
SPECIAL SKILLS: ▶ <i>(licenses, certifications, office equipment operation, key-boarding speed, software used and proficiency, etc.)</i>	

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EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:	PHONE #:
NAME:	RELATIONSHIP:	PHONE #:

DISCLAIMER AND SIGNATURE

I certify that that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may lead to termination of employment.

SIGNATURE

DATE

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