



# IMPERIAL MANAGEMENT

ADMINISTRATORS SERVICES

1100 East Green Street, Pasadena CA 91106  
(626) 838-5100

## An Equal Opportunity Employer Employment Application

Date of Application: \_\_\_\_\_

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:		

### GENERAL INFORMATION

Position applied for: _____		Salary Desired: _____	
Date available to start work: _____	Available to work:	Full-Time	Part-Time    Temp
Are you available for work on weekends?    Yes            No			
If you are under age 18, can you provide a work permit if offered a job?		Yes	No
If you are not a U.S. citizen, do you have the right to work in the U.S.?		Yes	No
Have you ever applied for a position with or worked for IMAS before? If		Yes	No
yes, specify dates: _____			
Do you have any friends or relative working for IMAS?		Yes	No
If yes, state name(s) and relationship: _____			
Please give the name of the current employee who referred you to IMAS _____			

## EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Vocational/ Business				
Other (Specify)				

Do you speak, write or understand any foreign languages?    Yes        No

If yes, which language(s)? \_\_\_\_\_

Are you licensed/certified for the job applied for?    Yes        No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?    Yes        No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:    Yes        No

If yes, please specify the name you were employed or enrolled under: \_\_\_\_\_

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?    Yes        No

If no, please describe the function that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

Are you a veteran of the United States military service?    Yes        No

Please list any job-related professional, trade, business or civic activities, organizations and associations. *(You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):*

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

<b>Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.</b>				
<b>If you are employed now, may we contact your employer?</b> Yes                  No				
Name of Employer:	From:		To:	
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From:		To:	
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From:		To:	
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
<b>If you need additional space, please continue your response on a separate page.</b>				

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

Period of Unemployment:

From:                      To:                      Reason for Unemployment

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Please provide the names, telephone numbers, and number of years acquainted of at least three professional references who are not related to you:

Name	Telephone Number	Years Acquainted
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Name	Telephone Number	Years Acquainted
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Name	Telephone Number	Years Acquainted
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**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by IMAS unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom IMAS contacts, to provide IMAS any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to IMAS as well as from any use or disclosure of such information by IMAS or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

*In consideration of my employment, I agree to conform to the rules and standards of IMAS. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of IMAS. I understand that no employee or representative of IMAS, other than its Executive Director, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Chief Executive Officer of IMAS may not alter the at-will nature of the employment relationship unless the Chief Executive Officer and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

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Signature of Applicant

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Date

## **EEO APPLICANT FLOW DATA FORM**

Dear Applicant:

Federal and state rules require that we keep applicant flow data in our records for statistical purposes. Employers are asked to solicit this information from applicants on a purely voluntary basis. The information is not used for any employment decision.

If you wish to provide this information, please do the following:

1. Do not place your name on this sheet
2. Enter the date below
3. Check the applicable boxes and enter your date of birth

***This form will not be kept with your employment application.***

Today's Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Check One:        \_\_\_\_\_ Male        \_\_\_\_\_ Female

Check One:

\_\_\_\_\_ White (not Hispanic or Latino)

\_\_\_\_\_ Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

\_\_\_\_\_ American Indian or Native Alaskan (not Hispanic or Latino)

\_\_\_\_\_ Asian (not Hispanic or Latino)

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Black or African American (not Hispanic or Latino)

\_\_\_\_\_ Other