



Application for Employment

10330 Pioneer Blvd., Suite 280, Santa Fe Springs, CA 90670

**Please Print & eMail to
Recruiting@imprestechology.com**

IMPRES Technology Solutions, Inc. is an Affirmative Action and Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, or protected veteran status and will not be discriminated against on the basis of disability.

Position(s) applied for _____		Date of Application ____ / ____ / ____	
Name _____		Social Security # ____ - ____ - ____	
Address _____		City _____	State _____
Telephone # (____) _____	Cell # (____) _____	E-mail Address _____	

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	NAME OF EMPLOYER	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
SUPERVISOR NAME		SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO
REASON FOR LEAVING		SUMMARIZE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	

FROM	TO	NAME OF EMPLOYER	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
SUPERVISOR NAME		SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO
REASON FOR LEAVING		SUMMARIZE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	

FROM	TO	NAME OF EMPLOYER	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
SUPERVISOR NAME		SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO
REASON FOR LEAVING		SUMMARIZE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	



FROM	TO	NAME OF EMPLOYER	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
SUPERVISOR NAME		SUPERVISOR TITLE	MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO
REASON FOR LEAVING		SUMMARIZE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	

Equal Opportunity Employer Veterans/Disabled

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

NAME AND COMPLETE ADDRESS	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References (Provide the names, addresses, and telephone numbers of three references who are not related to you)

NAME	TELEPHONE #	NUMBER OF YEARS KNOWN

Application Statement

I certify that the information in this application (and any attachments) is true and correct to the best of my knowledge, and I agree to have these statements checked by the company. I understand that any misrepresentation or material omission may result in my failure to receive an offer or, if I am hired, in my dismissal. I authorize my personal references and supervisors to provide information about my previous employment.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the company other than the Company President has any authority to agree to the contrary. Further, no representative of the company may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by the President of the company and myself.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States.

Please Print Name: _____

Date: _____

Applicant's Signature: _____



At-Will Statement and “After-Acquired Evidence” Clause for Employment Application

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that I may terminate my employment with IMPRES at any time, with or without cause, for any reason or no reason, and with or without advance notice to IMPRES. It is also agreed and understood that IMPRES may terminate my employment of at any time, with or without cause, for any reason or no reason, and with or without advance notice. Employment with IMPRES is for no specified term.

I understand that this document supersedes all prior understandings or agreements of the parties. I have not been induced to enter into employment by any other representation or warranty outside those expressly set forth in this document. I understand that no one other than the President of the Company has the authority to alter this policy of “at-will” employment. Further, any change of that policy must be in writing and signed by both myself and the President of the Company.

I been informed and understand that IMPRES takes very seriously any false or misleading information provided by applicants on a job application, résumé, or related materials or other statements of fact submitted by job applicants to be considered for employment. Any oral or written statements, or documents, supplied by a job applicant that contain false or misleading information will result in IMPRES’s refusal to hire the applicant and, if discovered after employment begins, subjects an employee to discipline, up to and including immediate termination of employment.

I understand that only the president of this Company may alter this at-will agreement, by clearly indicating an unequivocal intent to employ me for a fixed period, in a writing, signed by both the president and myself.

My signature certifies that I completed this application, and that all entries on it and information in it are true and correct.

Please Print Name: _____

Date: _____

Applicant’s Signature: _____