

# ICAP Delivery Service

215 State Route 10, Randolph, NJ 07869  
 Phone: (973) 659-3336 Fax: (973) 659-1166

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify 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 result in my release.	
Signature	Date

**Applicant Consent Form To Release Private And Employment Information**

I understand that in consideration of my application with ICAP Delivery, an investigation may be conducted of my past employment and activities to ensure the business standards and practices of this Company.

I authorize past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service and credit history. I release all persons, including past employers credit bureaus, and government agencies from any liabilities or damages for having furnished such information in good faith.

I understand that as a part of the processing procedure for my employment application, and investigative report by a consumer agency or The Department of Motor Vehicles may be requested concerning my financial responsibility and current driving record and character. If I am denied a job based either wholly or in part because of information contained in these reports, I will be provided the name and address of the reporting agency that provided the information.

In consideration of my application for employment, I hereby authorize ICAP Delivery, and/or their agents to conduct such a credit report, and release ICAP Delivery, and its agents, including its officers, employees and representatives from all liability and/or responsibility for this investigation, which may include, but is not limited to the gathering of information regarding personal, professional, and educational references, credit or consumer investigations, driving history, civil, professional license and any criminal history information which may be in the files of any State, local, or Federal criminal justice agency.

I understand that the information requested will not be used to discriminate against me in violation of any law. A Telephone Facsimile (FAX) or photographic copy of this authorization shall be as valid as the original.

### **Application Agreement**

I certify that the answers given and the statements made in this application are true and complete to the best of my knowledge. I also agree that falsified information, misleading information and significant omission may disqualify me from further consideration for employment and in the event of employment, may result in my discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed by ICAP Delivery, I agree to abide by all of its policies and procedures.

I understand that if I accept employment at ICAP Delivery, I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, express or implied, for continued employment.

Because of the Company's policy to provide a smoke-free environment, I agree to comply with the no smoking rule while at work. I further understand that ICAP Delivery is a drug-free workplace and that I will be required to complete and pass a drug screening before I receive a job offer. I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

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