



INVESTMENT CORPORATION OF AMERICA

(and all affiliated companies - Herein after called the Company)

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. All applicants are considered for employment without regard to race, color, religion, nationality, ancestry, age, sex, marital status, height, sexual orientation, genetic history, weight, or handicaps unrelated to the individual's ability to perform essential job functions.

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)
Present Address	City	State Zip
Permanent Address	City	State Zip
Phone Numbers Home: _____ Cell: _____	Email Address	
Have you ever worked for the company? <input type="checkbox"/> No <input type="checkbox"/> Yes, When: _____ Where: _____ General Manager: _____	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives and/or friends working for the Company? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name: _____ Relationship: _____	Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain on the reverse side.	
Military Service <input type="checkbox"/> No <input type="checkbox"/> Yes, Branch: _____	Have you ever been bonded? <input type="checkbox"/> No <input type="checkbox"/> Yes, with what employer: _____	
Have you ever worked for an employer or attended school under a different name than shown above? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list names below.		

EMPLOYMENT DESIRED

What position are you applying for? _____								<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Temporary	
Desired wage or salary: _____					Date available to start: _____								
Days/Hours available to work	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday						
Can you perform all of the essential functions of the position for which you are applying, with or without accommodation (such as a job modification, use of adaptive equipment, or special equipment)? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Job Experience/Skills (Check as appropriate)													
<input type="checkbox"/> Manufactured Home Retail Mgt/Sales <input type="checkbox"/> Computer Technician <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Property Management <input type="checkbox"/> Loan Servicing <input type="checkbox"/> Teaching Certificate <input type="checkbox"/> Maintenance/Construction <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Sales: _____				<input type="checkbox"/> Hotel Management <input type="checkbox"/> Hotel Sales Office <input type="checkbox"/> Hotel Front Desk <input type="checkbox"/> Cosmetology <input type="checkbox"/> Accounting/Book Keeping <input type="checkbox"/> Media (TV, Radio) <input type="checkbox"/> Media (Print) <input type="checkbox"/> Creative Print & Web <input type="checkbox"/> Food & Beverage				Office Skills: <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Omni Form <input type="checkbox"/> Other: Other Skills & Abilities: _____					
How did you hear about us? <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Sign <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other													

EDUCATION

High School Name		Dates Attended:	
Address		City	State <input type="checkbox"/> Zip
Years completed (Circle one): 1 2 3 4	Did you graduate: Y N	Grade completed:	G.P.A.
College Name		Dates Attended:	
Address		City	State Zip
Years completed (Circle one): 1 2 3 4	Did you graduate: Y N	Years completed:	G.P.A.
Major/Areas Studied:		Degree(s):	
Graduate School Name		Dates Attended:	
Address		City	State Zip
Years completed (Circle one): 1 2 3 4	Did you graduate: Y N	Years completed:	G.P.A.
Major/Areas Studied:		Degree(s):	
Please list any other qualifications, training, and/or licenses you have:			

EMPLOYMENT HISTORY

Begin with present or most recent employment. Please show complete addresses, phone numbers, dates, etc. for all employment, including military service, when applicable.

Company Name		Phone Number:	
Address		City	State Zip
Dates Employed:	Position:	Pay Rate:	
List Job Duties:			
Reason for Leaving:		Supervisor's Name:	
Company Name		Phone Number:	
Address		City	State Zip
Dates Employed:	Position:	Pay Rate:	
List Job Duties:			
Reason for Leaving:		Supervisor's Name:	
Company Name		Phone Number:	
Address		City	State Zip
Dates Employed:	Position:	Pay Rate:	
List Job Duties:			
Reason for Leaving:		Supervisor's Name:	

I affirm that the foregoing statements are true, that all information is correct and complete. I understand that if employed, any inaccurate statements whether or not intentionally made on this application shall be sufficient cause for dismissal. I affirm that the Company has notified me that an investigation report concerning the information contained herein and concerning character, credit, criminal background, and general reputation may be sought and that I may request in writing a disclosure of the nature and scope of the report. I grant permission to the Company to conduct such investigation as they may desire of the information i have given on this application and authorize any person or organization contacted to furnish any information that the Company may request. I understand and agree that if, in the opinion the Company, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Company may be terminated. I hereby release the Company and any prior employer from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by the Company or previous employers.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company, such employment will not result in a contract for employment and the Company may terminate my services at any time for any reason with or without cause. I further recognize if I am employed by the Company that I will receive wages and benefits, and be subject to rule and regulations as set forth in any handbooks that may be in place now or in the future, Policy Statement, and Plan descriptions but I agree that such wages and benefits, rules and regulations are subject to change by the Company at any time with or without notice to me. I further recognize that nothing contained in any documents published by the Company shall in any way modify the above terms and that these items cannot be modified in any way by any oral or written representations made by anyone employed by the Company except by a written document signed by an officer of the Company.

I recognize that in the event I am offered employment by the Company or at any time prior to an actual offer of employment, or at any time after employment that it may be necessary for me to undergo a physical examination and/or drug test. I hereby consent to such physical examination (including drug testing by the taking of a urine sample or other means). I also understand the failure, or refusal to take, of the physical examination and/or drug test may be cause for immediate termination or reason for not offering employment at the sole discretion of this employer. I understand that in the event that I am hired by the Company that I may be required to operate machinery or power tools either at ground level or while elevated on scaffolds or ladders or I may be exposed to such equipment or working conditions thereby necessitating that I conduct myself in accordance with established safety guidelines and common sense. If there exists, in the opinion of the Company, a reasonable suspicion that I am in a condition unfit to operate such equipment or to be exposed to such equipment or working conditions because of the presence of marijuana, cocaine or other illegal drugs, narcotics, amphetamines, barbiturates, hallucinogens or alcohol in my body, I hereby consent to an immediate physical examination including the taking of blood and/or samples to ascertain and verify my condition. I understand that I refuse ti take the examinations or test described above, I will be deemed to have admitted being in the prohibited condition. I further consent to and authorize the release of the results of such examination to authorized personnel of the Company.

ARBITRATION: I agree to arbitrate under the Arbitration Agreement (a copy which I have been provided), in exchange for all of ICA's companies (collectively ICA) considering this employment application and agreeing to also be bound by the Arbitration Agreement any and all claims, disputes or controversies that exist now or arise later between me and ICA or between me any any ICA employees, officers, members, owners or affiliated companies, including claims, disputes and controversies arising before, during and after my employment, if any, with ICA.

I have read and understand the above application for employment, and all statements and conditions of employment and promise to be bound by all rules, regulations, policies, procedures and arbitration of the Company in force at the time of employment or that may be later adopted.

Signature of Applicant

Date