



EMPLOYMENT APPLICATION

Applicant Information					
First Name		Middle Initial		Last Name	
Address					
Home Phone		Cell Phone			
Email					
Please Note: If you have lived at the above address for less than 7 years, please submit all addresses on a separate piece of paper					
Are you over the age of 18? (If No, this is subject to verification)	Yes	No	If hired, are you willing to submit to and pass a controlled substance test?	Yes	No
Are you legally eligible for employment in the U.S.A? (Please note, this is subject to verification)	Yes	No	Are you aware of any relatives currently working for ITG or ITG's clients?	Yes	No
Have you ever been convicted of a criminal offense? (felony or misdemeanor)	Yes	No	If a relative does work for ITG, please indicate their name, position, and the nature of their relationship to you.		
If yes to a criminal offense; explain number of convictions(s), nature of offense(s) leading to convictions(s), how recently each offenses(s) was/were committed, sentences(s) imposed, and type(s) of rehabilitation.					
Position Interest					
Position(s) Applying for:					
How were you referred or come to apply to ITG?					
What is your desired annual salary for each position? Be specific		Availability: Number of Hours per week			
If your application is considered favorably, on what date will you be available to work?	____/____/____ Month/Day/Year		Have you ever applied to or worked for ITG before? (please circle)	Yes	No
If you have applied to or worked for ITG in the past, please state position held and dates worked					
Were you in U.S. Armed Forces:	Yes	No	If Yes, Which Branch:		

1701 River Drive, Suite 104
Moline, IL 61625
Phone: (309) 757-7172
Fax: (309) 757-7174



7926 Jones Branch Drive, Suite 1020
McLean, VA 22102
Phone: (703) 838-0474
Fax: (703) 838-0477

Employment History:

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give name of firm and clients. **Attach additional sheets if necessary.**

Name and Address of CURRENT Employer and Type of Business	From		To		Starting Annual Salary	Final Annual Salary	Name of Direct Supervisor and Contact Information
	MO	YR	MO	YR			
Telephone:	List the jobs you held, duties performed, skills used or learned, advancements or promotions:						
Reason for Leaving (be specific)							
May we contact your current employer?					Yes	No	
Name and Address of Employer and Type of Business	From		To		Starting Annual Salary	Final Annual Salary	Name of Direct Supervisor and Contact Information
	MO	YR	MO	YR			
Telephone:	List the jobs you held, duties performed, skills used or learned, advancements or promotions:						
Reason for Leaving (be specific)							
Name and Address of Employer and Type of Business	From		To		Starting Annual Salary	Final Annual Salary	Name of Direct Supervisor and Contact Information
	MO	YR	MO	YR			
Telephone:	List the jobs you held, duties performed, skills used or learned, advancements or promotions:						
Reason for Leaving (be specific)							
Name and Address of Employer and Type of Business	From		To		Starting Annual Salary	Final Annual Salary	Name of Direct Supervisor and Contact Information
	MO	YR	MO	YR			
Telephone:	List the jobs you held, duties performed, skills used or learned, advancements or promotions:						
Reason for Leaving (be specific)							

Education

Please attach additional sheets if necessary

Type of School	Name of School	Location (City & State)	Number of Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				
Other				

Computer Skills

Please rate your skill on a scale of 0 – 5::: 0 = Unfamiliar; 1 = Have Training; 3 = Proficient; 5 = Expert

Word	Power Point	Lotus Notes	Others:	Skill Level
Excel	Publisher	10-Key data input		
Outlook	Project	Filing		
Access	Visio	WPM		

References: Please identify two professional and two personal references

Name	Name	Name	Name
Position	Position	Position	Position
Company	Company	Company	Company
Address	Address	Address	Address
Telephone	Telephone	Telephone	Telephone
Email	Email	Email	Email
Personal Professional	Personal Professional	Personal Professional	Personal Professional

Please read and sign below

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release ITG from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Date of Application _____ **Signature of Applicant** _____