

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status, physical or mental disability, pregnancy, medical condition, sexual orientation, or any other legally protected status. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for	Company Applying with	Application Date
Last Name	First Name	Middle Name
Address	City	State
E-mail Address	Zip Code	
Home Telephone Number	Cell Telephone Number	Other Telephone Number
	Nickname	

### EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name of Employer	Dates Employed		Supervisor Name		Job Title and Duties
	From Month/Year	To Month/Year			
			Supervisor Telephone		
Address of Employer	Reason for Leaving		Supervisor Email		
			May we contact Supervisor?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer	Dates Employed		Supervisor Name		Job Title and Duties
	From Month/Year	To Month/Year			
			Supervisor Telephone		
Address of Employer	Reason for Leaving		Supervisor Email		
			May we contact Supervisor?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer	Dates Employed		Supervisor Name		Job Title and Duties
	From Month/Year	To Month/Year			
			Supervisor Telephone		
Address of Employer	Reason for Leaving		Supervisor Email		
			May we contact Supervisor?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been involuntarily terminated or asked to resign from any job?.....  Yes  No  
 If yes, please explain: \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

### EDUCATION

Please describe your educational background in the table provided below.

School Name	Years Completed	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
<b>High School:</b>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes		
<b>Address of School:</b>		<input type="checkbox"/> No		
<b>College/University:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes		
<b>Address of School:</b>		<input type="checkbox"/> No		
<b>Graduate/Professional:</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes		
<b>Address of School:</b>		<input type="checkbox"/> No		
<b>Trade or Correspondence:</b>		<input type="checkbox"/> Yes		
<b>Address of School:</b>		<input type="checkbox"/> No		
<b>Other:</b>		<input type="checkbox"/> Yes		
<b>Address of School:</b>		<input type="checkbox"/> No		

### PROFESSIONAL CERTIFICATIONS OR LICENSES

Please list your professional certifications and/or licenses in the table provided below.

Organization Name	Type of Certification	Obtained From	Date Obtained	Date Expires

### PROFESSIONAL REFERENCES

Please list three professional references of individuals; **do not include personal friends or relatives.**

Name	Address	Telephone Number

## GENERAL INFORMATION

1. Have you ever used another name? .....  Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? .....  Yes  No  
If yes to either of the above, please explain: \_\_\_\_\_
3. Have you ever worked for this company before?.....  Yes  No  
If yes, please give dates and position: \_\_\_\_\_
4. Do you have friends and/or relatives working for this company? .....  Yes  No  
If yes, name(s) and relationship(s): \_\_\_\_\_
5. On what date are you available to begin work? \_\_\_\_\_
6. Days/Hours available to work: \_\_\_\_\_
7. Are you available to work?..... Full-time..... Part-time..... Shift Work..... Temporary
8. If hired, would you have a reliable means of transportation to and from work? .....  Yes  No
9. Can you travel if the position requires it? .....  Yes  No
10. Can you relocate if the position requires it? .....  Yes  No
11. Are you at least 18 years old?.....  Yes  No  
Note: If under 18, hire is subject to verification that you are of minimum legal age.
12. If hired, can you present evidence of your identity and legal right to live and work in this country? ....  Yes  No
13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....  Yes  No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions. If you are not sure of the essential job functions for the position you are applying for please ask the Hiring Manager who provided this application.

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

## APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the company.

\_\_\_\_\_ I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of the physical examination and related tests to the Company. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

\_\_\_\_\_ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

\_\_\_\_\_ I understand that any offer of employment may be contingent upon successful completion of background checks, including criminal and/or credit history, where applicable under state or federal law. In the event such background checks are required, Applicant shall be separately notified.

\_\_\_\_\_ I understand that any offer of employment is contingent upon agreement to and signing of the Company's Arbitration Agreement, a copy of which will be provided no later than my date of hire for my review.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by oral statements or in any other way, but can only be altered by written amendment signed by the Owner/President of this Company.

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job. A copy of the Injury and Illness Prevention Plan will be provided to me upon my request.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

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

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

Printed Name: \_\_\_\_\_

City/State: \_\_\_\_\_