

Employment Application

Please fill out completely. Type in your information or handprint using a black or blue pen.

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Social security number

Driver's license number/state/expiration

Have you used any names or social security numbers other than the above?
If yes, please explain:

(if job involves any driving)

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

| | Name and Address of School | Course of Study | Total Years of Study | Degree/ Diploma |
|------------------------|----------------------------|-----------------|----------------------|-----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):

.....

.....

Last Name, First Initial:

Today's Date:

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

| | | | | | |
|----|---|------------------------------|--------------|---|----|
| 1. | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Pay | Ending Pay | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving (or wanting to leave if currently employed) | | | | |
| | What value did you add to this company or its customers? ----- ----- | | | | |
| 2. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Pay | Ending Pay | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? ----- ----- | | | | |

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Employment History

| | | | | |
|--|-----------------------|------------------------------|------------|---|
| 3. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| What value did you add to this company or its customers? | | | | |
| | | | | |
| | | | | |
| 4. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| What value did you add to this company or its customers? | | | | |
| | | | | |
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Additional Information

| | |
|--|---|
| Identify formal job training that relates to this position: | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| Identify what skills or certifications you possess related to this position: | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| If hired, what value would you bring to our company? | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| Describe what you believe are the most unique features of your work history: | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |

| | |
|--|--|
| Have you ever been employed with this company before? If Yes, when? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently employed? May we contact your employer? Are you currently on "lay off" status and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|------------------------------|---|
| If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ----- | | |
| ----- | | |
| If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please explain: | | |
| ----- | | |
| If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence “(DUI)” | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If hired, do you have a reliable means of transportation to and from work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, would you be able to travel or work overtime or weekends as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest in) a criminal offense, or solely on an affirmative answer. The nature, date, surrounding circumstances and relevance of the offense to the position(s) applied for will be considered. A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the instructions which follow below before responding.

Have you ever, under your name or another name, been convicted off (or pleaded no contest to) a felony or misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? Yes No

If yes to either question above, please fully explain when, where and of what you were convicted and the result of the case(s). _____

Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where the trial is pending. _____

Have you used illegal drugs in the last six months? Yes No

Do you take illegal drugs or medications that have not been prescribed for you? Yes No If yes, to either of the above questions when was the last time you used illegal drugs? _____

Have you ever been convicted of driving under the influence (DUI)? Yes No

Do you use alcohol to the extent that it would impair your job performance? Yes No

Are you able to perform the essential function of the job you are applying for (with or without reasonable accommodation)? Yes No

If no, describe the functions that cannot be performed. _____

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REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last 5 years

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |
| | | PAGE 6 |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

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PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Medical History Questionnaire

_____ I herewith affirm that the employer has an offer of employment to me, conditioned on the satisfactory completion of this questionnaire, and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated in the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions found in the attached medical questionnaire have not be asked of me by anyone with the employer until after I have signed a separate document and have been offered a job.

Name: _____

Social Security Number: _____

Signature: _____

Witness: _____ Witness: _____

Complete and Accurate Information

_____ 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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

_____ Signature _____ Date _____

