# **Application for Employment**

#### Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Name Applicant ID # Last Middle First Address Street City State ZTP Code Cellular/Other Phone # (\_\_\_\_) E-mail Address \_ Telephone # ( \_\_\_\_\_ Date of application \_\_\_\_ / Position(s) applied for \_\_\_\_\_ **Referral Source** (Please check the appropriate category and list the source.) Walk-in\_ School\_\_\_ Job Fair Employee Staffing Agency Advertisement Company's Website Government Employment Agency \_\_\_\_ Other Internet Other \_\_\_\_ If necessary, best time to call you is \_\_\_\_\_ PM Will you work overtime if required?..... Yes No Home Cellular/Other If **no**, please explain:\_\_\_\_\_ May we contact you at work?...... Yes No Are you able to perform the "essential functions" of the job for which If **yes**, work number and best time to call: you are applying (with or without reasonable accommodation)? This guestion is not designed to elicit information about an applicant's disability. Please on one provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage If you are under 18 and it is required, can you furnish a work permit?...... Yes No to the extent permitted by law. Yes No Need more information about the If **no**, please explain:\_\_\_\_\_ job's "essential functions" to respond Have you submitted an application here before? ...... 🗌 Yes 🗌 No Driver's license number required if driving may be required in the job for which you are applying: If **yes**, give date(s) and position(s):\_\_\_\_ \_\_\_\_\_ State\_\_ Have you ever been bonded? ...... Yes No Have you ever been employed here before?..... Yes No Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **NOTE: You are not obligated to disclose sealed or expunged records of conviction or arrest.** If **yes**, give dates: From \_\_\_\_\_ To\_\_\_\_ / Is this application a request for reemployment following an extended military leave of absence Have you ever pleaded "guilty" or "no contest" to from this company?.....  $\Box$  Yes  $\Box$  No If yes, additional information may be requested. If **yes**, please provide date(s) and details: Are you legally eligible for employment Have you ever been a defendant in a civil action for Date available for work \_\_\_\_\_/ an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, What is your desired salary range or hourly rate of pay? wrongful death, etc.)? ...... Yes No \$ Per \_\_\_ If yes, please provide nature of the tort and disposition of the matter (how it was resolved). Type of employment desired: Full-Time Part-Time Seasonal Educational Co-Op Temporary Have you entered into an agreement with any former employer or Will you relocate if job requires it? ..... Yes No other party (such as a noncompetition agreement) that might, in any Will you travel if job requires it? ...... Yes No way, restrict your ability to work for our company? ...... Yes No If **yes**, please explain: \_\_\_\_\_ If they have been explained to you, are you able to meet the attendance requirements of the position?...  $\Box$  N/A  $\Box$  Yes  $\Box$  No

Employment History				
Starting with your most recent employer, provide	e the follow	ing information.		
Employer	Telephone #		Month Year Dates employed:	Month Year
Street address	City	State		/
Starting job title/final job title			Hourly Salary	\$ per
Immediate supervisor and title (for most recent position held)		May we contact for reference?	Commission/Bonus/Other Compensation	\$
		Yes No Later	Hourly Salary	\$ per
Why did you leave?		E-mail:	Commission/Bonus/Other Compensation	\$
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				
Employer	Telephone #		Marth - Vor	Marilla - Maria
	(	)	Dates employed: Year	to Month Year
Street address	City	State	Hourly Salary	\$ per
Starting job title/final job title			Commission/Bonus/Other Compensation	\$ per
Immediate supervisor and title (for most recent position held)		May we contact for reference?		
Why did you leave?		Yes No Later	Hourly Salary	\$ per
Summarize the type of work performed and job responsibilities.		E-mail:	Commission/Bonus/Other Compensation	\$
What did you like most about your position?				
What were the things you liked least about the position?				
Employer	Telephone #		Month Year	Month Year
Street address	City	) State	Dates employed:	to
Starting job title/final job title			Hourly Salary	\$ per
			Commission/Bonus/Other Compensation	\$
Immediate supervisor and title (for most recent position held)		May we contact for reference?		¢
Why did you leave?			Hourly Salary	\$ per \$
Summarize the type of work performed and job responsibilities.		E-mail:	commission bonds/ other compensation	*
What did you like most about your position?				
What were the things you liked least about the position?				
Employer	Telephone #	)	Month Year	Month Year
Street address	City	State	, , ,	/
Starting job title/final job title			Hourly Salary	\$ per
Immediate supervisor and title (for most recent position held)		May we contact for reference?	Commission/Bonus/Other Compensation	\$
		Yes No Later	Hourly Salary	\$ per
Why did you leave?		E-mail:	Commission/Bonus/Other Compensation	\$
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employment History (continued)			
Explain any gaps in your employment	, other than those due to p	personal illness, injury or disability.	
If not addressed on previous page, hav	ve you ever been fired or a	sked to resign from a job?	
If <b>yes</b> , please explain:			
Skills and Qualifications			
Summarize any special training, skills,	licenses and/or certificates	that may assist you in performing th	ne position for which you are applying:
Computer Skills (Check appropriate boxes	. Include software titles and yea	ars of experience.)	
□ Word Processing	Years:	Internet	Years:
Spreadsheet	Years:	Other	Years:

□ Other \_\_\_\_

Other \_\_\_\_

Years Completed

\_Years: \_\_\_\_\_

Years:

Starting with your most recent school attended, provide the following information.

If not applicable, list three school or personal references who are *not* related to you.

Title

School (include City and State)

Presentation\_\_\_\_

References

Name

Educational Background

🗌 E-mail

Completed

🗆 Diploma 👘 🗆 GED Degree Certification \_ Other\_ 🗆 Diploma 🛛 🗆 GED Degree \_ Certification 0ther 🗌 Diploma 🛛 🗌 GED Degree Certification \_ Other\_ 🗆 Diploma 🛛 🗆 GED Degree Certification 0ther\_

Telephone

Years:

Years:

Major/Minor

# of Years Known

GPA Class Rank

E-mail

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.

Relationship to You

## **Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held	

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: \_

Is there any other job-related information you want us to know about you? \_\_\_\_

## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

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Date	/	·

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have. Products printed by ComplyRight are provided on recycled paper. Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

