# APPLICATION FOR EMPLOYMENT

Please print in ink and answer all questions completely.

| POSITION DESIRED: | WHEN CAN YOU REPORT? | SALARY DESIRED: | DATE OF APPLICATION: |
|---|---|---|---|
| | | | |

## PERSONAL

| LAST NAME | FIRST | INITIAL | SOC. SEC. NO. | HOME PHONE |
|---|---|---|---|---|
| | | | | |

| STREET ADDRESS | APT# | CITY | STATE | ZIP | WORK PHONE |
|---|---|---|---|---|---|
| | | | | | |

| EMAIL ADDRESS: | CELL PHONE |
|---|---|
| | |

DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? ☐ NO ☐ YES
IF YES, LIST NAMES:

HOW WERE YOU REFERRED TO THE COMPANY?

HAVE YOU WORKED FOR THE COMPANY BEFORE? ☐ NO ☐ YES

DO YOU WORK FOR ANY COMPANY THAT SERVICES THIS COMPANY? ☐ NO ☐ YES
IF YES, LIST NAMES:

ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION?
☐ NO ☐ YES EXPLAIN:

ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? ☐ NO ☐ YES ARE YOU ABLE TO WORK ON WEEKENDS? ☐ NO ☐ YES ARE YOU ABLE TO TRAVEL? ☐ NO ☐ YES

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?
☐ NO ☐ YES

FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? ☐ NO ☐ YES
IF YES, PROVIDE #, STATE AND EXP. DATE:

IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? ☐ NO ☐ YES
IF YES, PLEASE EXPLAIN:

AVAILABILITY TO WORK: ☐ FULL-TIME ☐ PART-TIME / NUMBER OF HOURS_____ ☐ TEMPORARY / AVAILABLE THROUGH _____

CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? ☐ NO ☐ YES *(IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)*

ARE YOU 18 OR OLDER? ☐ NO ☐ YES

IF HIRED, CAN YOU FURNISH PROOF OF AGE? ☐ NO ☐ YES

| SCHOOL / LOCATION | CIRCLE GRADE/YEARS COMPLETED | UNIT CREDITS | DEGREE EARNED | MAJOR |
|---|---|---|---|---|
| HIGH SCHOOL | 9 10 11 12 | | GRADUATED ☐ NO ☐ YES | |
| JR. COLLEGE | 1 2 | | | |
| COLLEGE | 1 2 3 4 | | | |
| BUSINESS OR TRADE SCHOOL. LIST PROFESSIONAL DESIGNATIONS: | 1 2 3 4 | | | |

## MILITARY

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?
☐ NO ☐ YES IF YES, BRANCH:

FINAL RANK:

RELEVANT SKILLS ACQUIRED:

## SKILLS *(Check Any Of The Following Skills You Possess)*

LIST ANY FOREIGN LANGUAGES YOU KNOW.

_____ ☐ READ ☐ WRITE ☐ SPEAK

_____ ☐ READ ☐ WRITE ☐ SPEAK

OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY:

☐ OFFICE 2007 ☐ OFFICE 2003 ☐ GOLDMINE ☐ MAS 90 ☐ WINDOWS XP
☐ WINDOWS VISTA ☐ QUICKBOOKS ☐ ORACLE ☐ PEOPLESOFT

OTHER

## ADDITIONAL INFORMATION

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? ☐ NO ☐ YES
IF YES, LIST NAME(S) YOU USED.

AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? ☐ NO ☐ YES

IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK, PHYSICAL OR DRUG TEST? ☐ NO ☐ YES

ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? ☐ NO ☐ YES IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION PLEASE EXPLAIN:

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND SKILL AND AGILITY TESTS.)

AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT. **EMPLOYMENT**

## HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

| | |
|---|---|
| FIRM *(please start with most recent position)* *(may we contact?* ☐ *No* ☐ *Yes)*<br>ADDRESS CITY STATE ZIP<br>SUPERVISOR PHONE<br>DATES OF EMPLOYMENT (*include month and year)*<br>From: To: | TITLE AND SUMMARY OF YOUR DUTIES:<br>FULL-TIME ☐ REASON FOR LEAVING:<br>PART-TIME ☐ |
| FIRM *(may we contact?* ☐ *No* ☐ *Yes)*<br>ADDRESS CITY STATE ZIP<br>SUPERVISOR PHONE<br>DATES OF EMPLOYMENT (*include month and year)*<br>From: To: | TITLE AND SUMMARY OF YOUR DUTIES:<br>FULL-TIME ☐ REASON FOR LEAVING:<br>PART-TIME ☐ |
| FIRM *(may we contact?* ☐ *No* ☐ *Yes)*<br>ADDRESS CITY STATE ZIP<br>SUPERVISOR PHONE<br>DATES OF EMPLOYMENT (*include month and year)*<br>From: To: | TITLE AND SUMMARY OF YOUR DUTIES:<br>FULL-TIME ☐ REASON FOR LEAVING:<br>PART-TIME ☐ |

## REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

| NAME AND OCCUPATION | ADDRESS | TELEPHONE # | YEARS KNOWN |
|---|---|---|---|
| | | | |
| | | | |

**INITIAL** **AFFIDAVIT**

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent job offer, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

_____ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.** I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE:_____ DATE: _____