

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, sexual orientation, parental status, or any other basis prohibited by law. We are an Equal Opportunity Employer.

Personal Background

Name _____
Last First Middle

Address _____
Street address Apt. number City/State Zip Code

Social Security number - - Telephone number () _____

For positions requiring operation of company vehicles

Do you have a valid driver's license? Yes No

Driver's license no. _____ State issuing driver's license _____

Have you ever used another name for work or school? Yes No

If yes, please state name(s), dates and circumstances: _____

Are you over the age of 18? Yes No

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

If employment is offered, do you intend to have any type of secondary employment or self-employment? Yes No

Have you ever been convicted of or pleaded guilty to any felonies or other crimes including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? Yes No

If yes, give details (state & county of conviction, conviction description) _____

Are you currently or have you ever been a member of the U.S. Armed Forces Yes No Branch _____ Dates: (mo/yr) _____

Referral Source

How did you learn of our organization? _____

Do you know anyone who is employed by the Company? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Who, if anyone, referred you for this position: _____

Employment Desired

Position applied for _____ Date available _____ Salary desired \$ _____ per _____

Are you seeking: Full-time Part-time Temporary/Seasonal employment?

Are you presently employed? Yes No Willing to work overtime? Yes No

Indicate the days or evenings you are not available to work, if any: _____

Can you travel if the position requires? Yes No

Have you ever applied to this Company before? Yes No If yes, when?

Have you ever been employed by this Company or any of its affiliates? Yes No If yes, when?

Additional Skills

Typing _____ wpm Ten key _____ kspm Shorthand/Dictation/Transcription Yes No

Word processing Yes No

Computers: Hardware _____

Software _____

Additional skills, equipment, qualifications which you feel are relevant to your application: _____

Education

Name and Location of School	Diploma/ Degree/Certificate	Course of Study or Major	Years Completed	Grade Point Average
High school or GED				
College(s) or University(ies)				
Additional education, technical or vocational training				

Licensing/Certification _____ City/State _____

Employment History

List most recent position first. **Although some of the information requested below may be on your resumé, please complete all of the employment history requested.** Attach your resumé to this application.

Name of employer _____ Type of business _____

Address _____

City/State/Zip Code _____ Company telephone number () _____

Employed: From (mo/yr) _____ To (mo/yr) _____ Salary: Start \$ _____ per _____ End \$ _____ per _____

Job title(s) _____

Immediate supervisor's first & last name _____ Supervisor's position _____

May we contact (for current position only)? Yes No

Reason for leaving _____

Description of duties, responsibilities and accomplishments _____

Name of employer _____ Type of business _____

Address _____

City/State/Zip Code _____ Company telephone number () _____

Dates of employment: From (mo/yr) _____ To (mo/yr) _____ Salary: Start \$ _____ per _____ End \$ _____ per _____

Job title(s) _____

Immediate supervisor's first & last name _____ Supervisor's position _____

Reason for leaving _____

Description of duties, responsibilities and accomplishments _____

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Employment History — continued

Name of employer _____ Type of business _____

Address _____

City/State/Zip Code _____ Company telephone number () _____

Dates of employment: From (mo/yr) _____ To (mo/yr) _____ Salary: Start \$ _____ per _____ End \$ _____ per _____

Job title(s) _____

Immediate supervisor's first & last name _____ Supervisor's position _____

Reason for leaving _____

Description of duties, responsibilities and accomplishments _____

Name of employer _____ Type of business _____

Address _____

City/State/Zip Code _____ Company telephone number () _____

Dates of employment: From (mo/yr) _____ To (mo/yr) _____ Salary: Start \$ _____ per _____ End \$ _____ per _____

Job title(s) _____

Immediate supervisor's first & last name _____ Supervisor's position _____

Reason for leaving _____

Description of duties, responsibilities and accomplishments _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No

If yes, please explain _____

AFFIDAVIT Please read carefully before signing.

The Company is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful. I understand that I may be asked to take an integrity test, psychological assessment, skills test, and/or a pre-or post employment drug screen, and I consent to such tests and screens. I understand that if I refuse to be tested, or if I test positive for illegal drugs, it may result in denial of employment or termination.

An investigative consumer report may be made concerning my character, general reputation, personal characteristics, and mode of living. Upon written request within a reasonable period of time, I can obtain from the Company the disclosure of the name and address of the Consumer Reporting Agency (CRA) so that I may obtain from the CRA a complete disclosure of the nature and scope of the investigation.

I understand that if I receive a conditional offer of employment, I may be asked to have job-related medical examinations. I understand that if I refuse to submit to such job-related medical examinations, it may result in denial of employment.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason. Aside from this employment-at-will relationship, no one other than the CEO has the authority to enter into any employment contract of any kind between me and the Company. Any such contract must be in writing and signed by me and the CEO. No one has the authority to make to me any verbal statements that are legally binding on the Company.

All of the information I have given to the Company in considering me for employment is correct. No other information has been concealed. I authorize the investigation of all matters concerning my consideration for employment. This investigation may include a criminal background search. I understand that any offer of employment will be conditional upon the results of a background investigation by the Company. I waive any right to prior written notice and authorize my former employers, references, physicians and acquaintances to give any such information they may have regarding me. I release and indemnify the Company, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the investigation and release of this information. If any information I have given to the Company is untrue, or if I have concealed any information, I understand that this may result in the denial of employment or termination.

Date _____ Signature _____