

# APPLICATION FOR EMPLOYMENT

**PLEASE PRINT**

**POSITION REQUESTED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Please Note:**

This application form was designed for use by applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. This application and the contents of the application is not to be considered a contract for employment or promise of employment for any specific time and, where applicable, does not change, alter or otherwise revise the at-will employment status of the Employer.

**In completing this application, all candidates agree to resolve all disputes regarding this application for employment through the Company's Dispute Resolution Program.**

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

EDUCATION	Print Name and Address for each School Listing	Number of Years Completed	Degree, Major or Type of Course
College			
Graduate School			
Trade, Business, Correspondence			
Other			

**EMPLOYMENT HISTORY** PLEASE PROVIDE A FIVE (5) YEAR HISTORY. LIST YOUR MOST RECENT FIRST.

Employer Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mo/yr) (mo/yr)

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer? YES NO Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_  
(hr/mo/yr) (hr/mo/yr)

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Job Verification Completed By:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)**

Employer Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mo/yr) (mo/yr)

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer? YES NO Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_  
(hr/mo/yr) (hr/mo/yr)

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Job Verification Completed By:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)**

Employer Name: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mo/yr) (mo/yr)

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer? YES NO Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_  
(hr/mo/yr) (hr/mo/yr)

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Job Verification Completed By:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)**

**GENERAL INFORMATION**

Are you legally authorized to work in the United States?	Yes	No
Are you below the age of eighteen?	Yes	No
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations?	Yes	No
Please describe any accommodations required? _____		
_____		
_____		
Have you ever been convicted of a criminal offense?	Yes	No
If yes: Date _____ Place _____		
Nature: _____		
Are you currently under indictment or awaiting trial for a criminal offense?	Yes	No
(An affirmative answer will not automatically disqualify you from being considered for employment)		
Have you previously applied for employment here?	Yes	No
When? _____		
Have you previously been employed by this company or any of its subsidiaries?	Yes	No
If yes, When? _____ Company Name _____		

**APPLICANT STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

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

# Pre-Employment Screening Acknowledgement

## Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) allows individuals and institutions with a true business need to gain access to the credit, criminal and employment histories of other individuals, with the individual's permission.

By signing this release, I \_\_\_\_\_ hereby give permission to the Company to:

- Investigate my credit history through contact of credit bureaus, at any time.
- Question my employment and personal references regarding my history.
- Investigate my background to include Criminal, Civil and Sex Offender History.
- Investigate my driving record utilizing a Motor Vehicle Record.
- Require drug testing before employment.

I understand that should one or more of the above reports result in an adverse employment decision by the Company, I will receive a copy of the report. As outlined by the Fair Credit Reporting Act, you must be notified if information obtained about you through a credit reporting agency is used in making an adverse employment decision.

**Should you require additional information concerning the nature of this investigation please contact the company and you will receive a response from the Company within five days of receipt of your request. In addition, the Company will provide you with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act".**

## Drug Free Workplace Policy

Our Company believes in a Drug Free Workplace environment. You may be subject to participate in a pre-employment drug screening test. The results of this test will determine whether or not employment will occur. If you are employed with our Company, you must adhere to our drug policy.

## Employment Records Release

Should I become employed by this Company, I authorize this Company to release any of my employment records requested by other companies with which I wish to be considered for employment in the future. My desire to be considered for employment with another company in the future will be evidenced by a release form from that Company. I agree to release this Company from liability for any action or consequences of such disclosure.

I have read and understood the above, and I sign this release voluntarily, without coercion or duress from any individual or party.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_