



Application for Employment

Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, sexual orientation, gender identity, pregnancy (current, past, or potential), national origin, union membership, age, protected veteran or military status, disability, genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Full Name: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Other Names Used: _____

Previous Address: _____

Previous Address: _____

Position(s) applied for: _____

Email Address: _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you been employed here before? Yes No If yes, give date: _____

Are any of your relatives presently employed with the Company? Yes No If yes, please provide names of relatives, their positions, and departments.

Are you employed now? Yes No Date available for work: _____

Wage expected: _____ per Hour Month Year

Are you available to work? Full time Part time Shift work Temporary

Are you fluent in any foreign language (if job related)? If yes, please list. _____

Are you over the age of 18? Yes No

Have you ever been convicted of a felony or misdemeanor that has not been annulled, expunged, or sealed by a Court? Yes No If yes, please explain and state the county and state of your conviction.

EDUCATION

	High School	College/University	Graduate/Professional
School Name:			
Diploma/Degree:			
Honors Received:			
Describe Course of Study:			

EMPLOYMENT EXPERIENCE

List all your work experience, including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

SKILLS/TRAINING

Please summarize your job-related skills or specialized training:

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Company	Job Title	Work Phone	Other Phone

ACKNOWLEDGEMENTS AND CONSENT

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, criminal convictions, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals or companies for any damages arising from furnishing the requested information to the Company. I also release the Company and those Company employees performing these checks from all liability that might result from checking such references and obtaining such information. **Note:** Background checks, including driving record, credit, and criminal convictions, will only be performed when job related and consistent with business necessity. Criminal convictions do not automatically disqualify applicants from consideration.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

Claims. I understand and agree that if I file a claim or suit arising out of my employment, or termination of my employment with Company, I must file the claim or suit within the time period provided by statute or within 180 days of the event giving rise to the claim, whichever is shorter/earlier or I will be barred from bringing the same, and I agree to waive any limitations period that is greater than 180 days.

Arbitration. I acknowledge and understand that in exchange for continued employment with Company **any and all claims or suits** arising out of my employment, or termination of employment, with Company, **including any and all claims of discrimination in violation of state and/or federal civil rights statutes**, shall be submitted to and settled by arbitration in the State of _____, by an arbitrator mutually agreed to by me and Company. The arbitration will be procedurally conducted pursuant to the Employment Rules then in effect of the American Arbitration Association.

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT AT THE COMPANY IS "AT-WILL" AND MAY BE TERMINATED BY ME OR BY THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR PRIOR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY THE COMPANY AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO COMPANY REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

EMPLOYMENT-AT-WILL DOES NOT IMPACT MY RIGHT TO NEGOTIATE SINGLY OR IN A GROUP AND PARTICIPATE IN CONCERTED ACTIVITIES REGARDING THE TERMS AND CONDITIONS OF EMPLOYMENT UNDER THE NATIONAL LABOR RELATIONS ACT.

Signature: _____

Date: _____

Authorization to Past Employer, School, or Other Institution to Release Information

I have applied for employment with _____ (*list Company name*). As part of the application process the Company conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to the Company and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to the Company and/or its agents. A photocopy of this authorization is as effective as the original.

Name: _____ Soc. Sec. #: _____

Employed: From _____ To _____

Past Positions Held: _____

Department/Location: _____

If name has changed (through marriage, etc.) please print former name: _____

Signature: _____ Date: _____

Applicant Affirmative Action Plan Voluntary Survey

Our Company is required by law to maintain an affirmative action program and to collect information regarding the race, sex, national origin, disability, or protected veteran status of applicants. To assist us in our governmental recordkeeping requirements, we would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.** If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Thank you for your cooperation!

Name: _____ Date: _____

Position(s) applied for: _____

Sex: Male Female

Ethnicity/Race Background:

Hispanic or Latino

Not Hispanic or Latino

If not Hispanic or Latino:

American Indian/Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White

Referral Source:

Friend

Walk-in

Relative

Job Hotline

Employment Agency

Advertisement

State Employment Service

Social Service Agency/Organization

College/University Job Placement Offices (please indicate which university)

Company Employee

Website

Other

Our Company is an Equal Opportunity/Affirmative Action Employer

Applicant Invitation to Self-Identify as a Protected Veteran

Our Company is required by law to maintain an affirmative action program and to collect information regarding protected veteran status of applicants. To assist us in our governmental recordkeeping requirements, we would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.** If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Name: _____ Today's Date: _____

Position(s) applied for: _____

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN