

**Application for Employment
An Equal Employment Opportunity Employer**

COMPANY USE ONLY

Client Company Name: _____

Primary duty/position: _____ **W.C. Code:** _____

Hire Date: _____ **Department:** _____

Pay Rate: \$ _____ () Hourly () Salary () Full-time () Part-time () Seasonal

US DOL Fair Labor Standard Act Status: () Exempt () Non-Exempt

APPLICANT SECTION TO COMPLETE

Position you are applying for: _____

Rate of pay expected: _____ **Date you can start work:** _____

Optional for EE01 and EEOC reporting purposes only:

Gender:

☐ Male
☐ Female

Race/Ethnicity:

☐ White
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Two or More Races
☐ Hispanic or Latino
☐ American Indian or Alaska Native
☐ Asian

Job Category:

☐ Executive/Senior Level Officials and Managers
☐ Professionals
☐ Technicians
☐ Service Workers
☐ Sales Workers
☐ Administrative Support Workers
☐ Craft Workers
☐ Laborers and Helpers
☐ Operatives
☐ First/Mid Level Officials and Managers

Name: _____
Last First MI

Social Security Number: _____

Address: _____
Street

City State Zip Code

Email Address: _____

Main Contact Phone: _____ **Alternate#:** _____

Emergency Contact: _____ **Phone#:** _____

Have you ever been convicted of a Felony or Misdemeanor? _____

(Please note: Conviction is not an automatic bar to employment. All relevant circumstances will be considered, including age at the time of the offense, type of offense, etc.)

EMPLOYMENT HISTORY

Note: All employers listed will be contacted unless you indicate differently. If you do not want the employer contacted, please state why.

Present or most recent employer: _____ Phone: _____
Address: _____ Supervisor: _____
Date Hired: ____/____/____ Date of Termination: ____/____/____ Wage or Salary: _____
Description of Duties: _____
Reason for Leaving: _____

Present or most recent employer: _____ Phone: _____
Address: _____ Supervisor: _____
Date Hired: ____/____/____ Date of Termination: ____/____/____ Wage or Salary: _____
Description of Duties: _____
Reason for Leaving: _____

Present or most recent employer: _____ Phone: _____
Address: _____ Supervisor: _____
Date Hired: ____/____/____ Date of Termination: ____/____/____ Wage or Salary: _____
Description of Duties: _____
Reason for Leaving: _____

EDUCATION

High School: _____ Address: _____
Did you graduate: () Yes () No Course of Study: _____

College: _____ Address: _____
Did you graduate: () Yes () No Course of Study: _____

Trade School: _____ Address: _____
Did you graduate: () Yes () No Course of Study: _____

REFERENCES

	<u>Name</u>	<u>Occupation</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RELEASE - I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I hereby authorize my former employers, educational institutions, and references to provide any and all information they may have regarding me and I hold them harmless for any real or perceived damage that information may cause me. If, upon investigation, anything contained in this application is found to be untrue, I understand that I may be subject to immediate dismissal.

ALCOHOL AND DRUG POLICY - I hereby certify that I am aware that this prospective employer maintains an alcohol and drug-free workplace and that if offered a position with this employer, I may be required to take a pre-employment alcohol and drug test. I am also aware that on a random basis, I may be required to submit to alcohol and drug testing and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

NON-DISCRIMINATION – I hereby certify my acknowledgement that this Company does not discriminate based on color, race, religion, national origin, handicap, sexual orientation, age, or gender or any other category protected by law in any of its personnel decisions or policies.

AT-WILL – I hereby certify that I understand that regardless of any statement in this application or any other publication (or statement) issued by the Company, I have the right to terminate my employment with this Company, with or without reason and with or without notice. ("At-will") And that, this Company has the same right to terminate my employment, with or without reason and with or without notice. ("At-will")

NO HARASSMENT POLICY: I have read and understand the No Harassment Policy of this Company.

POST ACCIDENT ALCOHOL AND DRUG POLICY - I hereby certify that I am aware that this employer maintains an alcohol and drug-free workplace. I may be required to submit to alcohol and drug testing and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs.

WORKERS COMPENSATION CLAIMS AND REPORT OF INJURY POLICY: I have read and understand the Workers Compensation Claims Policy and report of injury policy.

GENERAL BUSINESS SAFETY RULES POLICY: I certify that I have read and understand and will abide by the listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits.

I hereby acknowledge that I have read, understand and will comply with all policies of this Company.

Applicant Signature: _____ **Date:** _____