

Application for Employment

A job description is provided with this application to give you information about the duties and responsibilities of the job. Read it before you complete the application. We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the employer. Only complete and accurate applications will receive further consideration. Use reverse side of form for extra detail.

Applicant name: _____ Date: _____

Other names used: _____

Position(s) applied for or type of work desired: _____

Address: _____

How long at that address: _____

Telephone #: _____ Social Security #: On info link

Driver's License #: On info link State of Issue: On info link

Previous

Address: _____

How long at this address? _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Can you meet attendance requirements and be punctual? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Have you been previously employed by our organization? _____ Yes _____ No

Can you submit proof of identity as required by the U.S. Dept. of Justice, Immigration and Naturalization Service? _____ Yes _____ No

Have you been convicted of a criminal offense (felony or serious misdemeanor)? _____ Yes _____ No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case on the reverse. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be

considered. Do not include misdemeanor marijuana-related convictions that are more than two years old.

Are you willing and able to demonstrate performance of the essential job functions (with or without reasonable accommodation) listed in the attached job description? ____ Yes ____ No

Describe required accommodation, if any: _____

Name any relative or friend who currently works for the employer: _____

How were you referred to us? _____

Employment History (provide dates to the nearest month)

Provide employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____

Telephone #: _____ Immediate supervisor and title: _____

Dates employed: from ____ / ____ / ____ to ____ / ____ / ____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____

Telephone #: _____ Immediate supervisor and title: _____

Dates employed: from ____ / ____ / ____ to ____ / ____ / ____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____

Telephone #: _____ Immediate supervisor and title: _____

Dates employed: from ____ / ____ / ____ to ____ / ____ / ____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____

Telephone #: _____ Immediate supervisor and title: _____

Dates employed: from ____ / ____ / ____ to ____ / ____ / ____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years of schooling completed, course of study, and degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, DMV records, credit and/or criminal reporting agencies and references. I also hereby release the employer and its representatives from liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, as long as there is no violation of applicable federal or state law. I understand that this at-will relationship cannot be changed except in writing signed by an officer or general partner of the employer. I understand and agree that any employment related disputes will be settled by arbitration.

I understand that it is the policy of this employer not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I will receive an Employee Manual. I agree to read the manual. If I refuse to accept any of the terms and conditions of the Employee Manual I will tender my resignation within one week of receipt of the Manual. The Employee Manual is available for your review in our office prior to accepting a job offer. If a job offer is made, I understand that I will be sent for a comprehensive physical examination that will include testing for the physical requirements of the job. Failure to pass the complete exam within time limits specified in the employee manual will cause any job offer to be revoked. I understand that additional tests may be required in the future to demonstrate continued fitness for duty. I agree to cooperate.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

The InfoLink Notification & Authorization is made a part of this application and is to be completed and returned.

Applicant signature: _____ Date: _____