



"let us take care of your headaches"

EMPLOYMENT APPLICATION

Table with 4 columns: POSITION DESIRED, WHEN CAN YOU REPORT?, SALARY DESIRED, DATE OF APPLICATION

PERSONAL INFORMATION section including fields for LAST NAME, FIRST NAME, MIDDLE, SOC. SEC. NO., HOME PHONE, STREET ADDRESS, APT#, CITY, STATE, ZIP, WORK PHONE, EMAIL ADDRESS, CELL PHONE, and various employment-related questions.

EDUCATION section with a table for SCHOOL NAME, LOCATION, CIRCLE GRADE/YEARS COMPLETED, UNITS/ CREDITS EARNED, GRADUATED/ COMPLETED, and MAJOR/DEGREE EARNED.

MILITARY (TO BE COMPLETED BY BOTH MALE AND FEMALE APPLICANTS) section with fields for HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?, BRANCH, FINAL RANK, and RELEVANT SKILLS ACQUIRED.

SKILLS (CHECK ANY OF THE FOLLOWING SKILLS YOU KNOW) section with checkboxes for READ, WRITE, SPEAK in foreign languages and other applicable skills like OFFICE, WINDOWS, MAC/IOS, etc.

ADDITIONAL INFORMATION (AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT) section with various yes/no questions and a note at the bottom regarding ADA compliance.

EMPLOYMENT HISTORY (COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME)				
LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, ATTACH A SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME.				
FIRM (please start with the most recent position)		may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR	PHONE			
DATES OF EMPLOYMENT (include month and year) FROM:		TO:	<input type="checkbox"/> FULL TIME REASON FOR LEAVING: <input type="checkbox"/> PART TIME	
FIRM		may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR	PHONE			
DATES OF EMPLOYMENT (include month and year) FROM:		TO:	<input type="checkbox"/> FULL TIME REASON FOR LEAVING: <input type="checkbox"/> PART TIME	
FIRM		may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR	PHONE			
DATES OF EMPLOYMENT (include month and year) FROM:		TO:	<input type="checkbox"/> FULL TIME REASON FOR LEAVING: <input type="checkbox"/> PART TIME	

PROFESSIONAL REFERENCES				
IN THE SPACE BELOW, LIST THREE PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.				
NAME	OCCUPATION/HOW DO YOU KNOW THIS PERSON?	TELEPHONE #	EMAIL	YEARS KNOWN
1.				
2.				
3.				

EMERGENCY CONTACT		
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO APPLICANT		
STREET ADDRESS		APARTMENT/UNIT#
CITY	STATE	ZIP CODE
PHONE	EMAIL	

INITIAL

AFFIDAVIT

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent offer of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodations, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies, and conditions at any time.

_____ I understand that the Company may be required to participate in E-Verify. If so, the Company will provide the federal government with my Form I-9 information to confirm that I am authorized to work in the U.S. If E-Verify cannot confirm that I am authorized to work, the Company is required to give me written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so I can begin to resolve the issue before the Company can take any action against me, including terminating my employment. The Company can only use E-Verify once I have accepted a job offer and complete the form I-9.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: _____ DATE: _____



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APPLICANT RELEASE AUTHORIZATION FOR BACKGROUND CHECK AND VERIFICATION

- 1) IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE REQUESTED THAT WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE, AND EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT. I UNDERSTAND THAT AS DIRECTED BY COMPANY POLICY AND CONSISTENT WITH THE JOB DESCRIBED, YOU MAY BE REQUESTING INFORMATION FROM PUBLIC AND PRIVATE SOURCES ABOUT MY: WORKERS' COMPENSATION INJURIES, DRIVING RECORD, COURT RECORD, EDUCATION, CREDENTIALS, AND REFERENCES.
2) MEDICAL AND WORKERS' COMPENSATION INFORMATION WILL ONLY BE REQUESTED IN COMPLIANCE WITH THE FEDERAL AMERICANS WITH DISABILITIES ACT (ADA, AND/OR ANY APPLICABLE STATE LAWS). ACCORDING TO THE FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF EMPLOYMENT IS DENIED BECAUSE OF INFORMATION OBTAINED BY MY PROSPECTIVE EMPLOYER FROM A CONSUMER-REPORTING AGENCY. IF SO, I WILL BE NOTIFIED AND GIVEN THE NAME AND ADDRESS OF THE AGENCY OR THE SOURCE WHICH PROVIDED THE INFORMATION.
3) I ACKNOWLEDGE THAT A TELEPHONE FACSIMILE (FAX) OR PHOTOGRAPHIC COPY OF THIS DOCUMENT SHALL BE AS VALID AS THE ORIGINAL.
4) THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

KNOWN CRIMINAL HISTORY FILING(S) (FELONY, FEDERAL & MISDEMEANOR):

Table with 4 columns: DATE OF OFFENSE, STATE, COUNTY, CHARGE. The table contains three empty rows for data entry.

PRINT FULL NAME (FIRST, MIDDLE, LAST):

OTHER NAMES YOU HAVE USED:

HOME ADDRESS:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

DRIVER'S LICENSE NUMBER:

STATE ISSUED:

SIGNATURE:

TODAY'S DATE:
