



## EMPLOYMENT APPLICATION

<b>APPLICANT INFORMATION:</b> (PLEASE PRINT)		<b>DATE:</b>	
<b>Last Name</b>	<b>First</b>	<b>M.I.</b>	
<b>Address</b>			<b>Apt./Unit #</b>
<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>Phone</b>	<b>Cell Phone:</b>		
<b>Email:</b>	<b>Desired Salary:</b>		<b>Date Available:</b>
<b>Days/Hours Unavailable:</b>	<b>Full Time</b> <input type="checkbox"/>	<b>Part Time</b> <input type="checkbox"/>	<b>Temporary</b> <input type="checkbox"/>
<b>Position(s) Applied for:</b>			
If hired, are you able to present evidence of your legal right to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked under a different name? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide:
Have you ever interviewed, been offered employment or worked for us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
If you are hired or transferred into a position that requires the operation of a motor vehicle, are you able to perform this function?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Motor Vehicle License Class: DL State/Expires:
Can you perform the essential functions of the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>EDUCATION:</b>			
<b>High School:</b>	Location:		
Did you graduate or pass GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years Completed
<b>College:</b>	Location:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>Trade:</b>	Location:		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

Name:

**SKILLS: LIST ANY SPECIFIC EXPERIENCE TRAINING, QUALIFICATIONS OR SKILLS THAT YOU BELIEVE WILL BE BENEFICIAL FOR THE POSITION FOR WHICH YOU ARE APPLYING:**

**LANGUAGES: SOME OF OUR EMPLOYEES, CUSTOMERS AND VENDORS MAY NOT SPEAK ENGLISH. IF YOU ARE FLUENT IN OTHER LANGUAGES, PLEASE SPECIFY THE LANGUAGES YOU SPEAK AND LEVEL OF FLUENCY IN EACH.**

**REFERENCES:**

*Please list three professional references, not related to you, who have knowledge of your work performance within the last three years.*

<b>Full Name</b>	Relationship	Years acquainted
Company	Phone ( )	
Address		
Email		

<b>Full Name</b>	Relationship	Years acquainted
Company	Phone ( )	
Address		
Email		

<b>Full Name</b>	Relationship	Years acquainted
Company	Phone ( )	
Address		
Email		

**EMPLOYMENT HISTORY: PLEASE LIST YOUR EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. ATTACH ADDITIONAL SHEETS IF NECESSARY.**

<b>Company</b>	Phone ( )
Address	Supervisor
Job Title	Other Positions Held:

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO

Name:

<b>Company</b>		Phone ( )
Address		Supervisor
Job Title	Other Positions Held:	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>Company</b>		Phone ( )
Address		Supervisor
Job Title	Other Positions Held:	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>Company</b>		Phone ( )
Address		Supervisor
Job Title	Other Positions Held:	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>MILITARY SERVICE:</b>		
Branch	From	To
What type of education, training and work experience did you receive while in the military?		
DO YOU HAVE ANY RELATIVES EMPLOYED BY US? IF YES, PLEASE PROVIDE NAME (S):		

Name:

**APPLICANT'S STATEMENT AND ACKNOWLEDGMENT: PLEASE READ AND INITIAL IN THE BOX**

I understand that it is the policy of THE COMPANY that no applicant, client, and/or employee of the Agency shall be excluded from participation in, or be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which THE COMPANY operates on the basis of race, color, religion, creed, national origin, political affiliation, sex, disability, veteran status, marital status, sexual orientation, gender expression, age or any other characteristic protected by federal, state or local laws.

I certify that my answers are true and complete to the best of my knowledge. I hereby grant THE COMPANY permission to verify answers, and understand that any false statement or omission on this application may cause rejection, or dismissal of employment, if discovery of false statement or omission is made subsequent to my employment.

I authorize representatives of THE COMPANY to verify information set forth herein, and release all such parties from liability for any damage that may result from furnishing such information.

I understand that I may be asked to take job-related written and skill tests (if applicable) for the position for which I am applying. If I decline to be tested, I understand that I will not be further considered for employment.

I understand that an offer of employment is contingent upon my satisfactorily passing a post offer background/reference screening and pre-employment requirements, which may include a pre-employment physical exam (depending on the position) prescribed by THE COMPANY.

I understand that any offer of employment is employment "at-will" and that THE COMPANY may terminate my employment, if offered, at any time. I understand that I may also terminate my employment, if hired, at any time.

No representative of THE COMPANY other than the OWNER has the authority to enter into any oral or written agreement for employment, or make any representation regarding any benefits or terms or conditions of employment, or make any agreement contrary to employment "at will."

Signature

Date

How did you hear of our opening?

Employee referral  Company website  Job board  Social media  Advertisement (print/radio/TV)  Recruiter

Other – please explain:

Name:

## EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify at this time, the federal government requires The Company to determine this information by visual survey and/or other available information.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**GENDER:** (Please check one of the options below)

- Male  Female  Nonbinary

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I do not wish to disclose.

**Veteran Status\***

- I am a protected veteran
- I am NOT a protected veteran
- I do not wish to self-identify

### \*Protected Veteran Status Definitions

**Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

**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.

**Armed Forces service medal veteran** means any 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 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

**Disabled veteran means** (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran** means a 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.