



APPLICATION FOR EMPLOYMENT

Date ___/___/___

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability or veteran status. No question on this application is intended to be discriminatory under any applicable Federal, State, or local Fair Employment Practices Law.

READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last First Middle
Street Address _____ Home Phone _____
City _____ State _____ Zip _____ Mobile Phone _____

EMPLOYMENT INTERESTS

Position Desired _____ Date available ___/___/___ Salary Desired _____
Type of Employment ___ Full Time ___ Part Time Available for Overtime ___ Yes ___ No
Days and Hours Available for Work _____
How were you referred to our company? Check box and answer
[] Ad (Where) _____ [] Employee Referral (Name) _____
[] Agency (Name) _____ [] Other (Please specify) _____

EDUCATION

Table with 4 columns: EDUCATION, NAME OF SCHOOL, GRADE COMPLETED, DEGREE OR DIPLOMA. Rows include High School, College/University, and Business/Trade.

MILITARY SERVICE Are you a veteran? [] Yes [] No

Dates of Service & Branch of Service _____

If hired, can you provide verification of your legal right to work in the United States? [] Yes [] No

If you are a minor, can you produce a work permit? [] Yes [] No

If required for the position, do you have a valid driver's license? [] Yes [] No

If hired, would you have reliable transportation to and from work? [] Yes [] No

Have you ever worked under a different name? [] Yes [] No Name _____

Have you ever been convicted of a felony? [] Yes [] No (Do not include expunged/sealed convictions. Convictions will not necessarily disqualify for position but will be considered on an individual basis.)

If applying to be driver, have you been convicted of a misdemeanor? [] Yes [] No

If "Yes" regarding felony or misdemeanor list offense, date, and disposition of case _____

Are you able to perform the essential functions of the position for which you are applying? [] Yes [] No

Have you tested positive, or refused a test on any pre-employment drug or alcohol tests administered by a DOT-covered employer during the past 2 years? [] Yes [] No

REFERENCES Please give names of 3 work related references, not including the supervisors listed in job history.

Do not include relatives. If no prior work experience list school or volunteer related references.

Table with 3 columns: Name & Position, Company, Telephone Number. Rows 1 and 2.

SKILLS

Typing Speed _____ wpm 10 key by touch? Yes No Computer Experience _____
Foreign Languages (speak, read, &/or write) _____
What types of special driving certificates do you hold and for how long? _____

Other skills you believe to be valuable _____

EMPLOYMENT INFORMATION --start with current or most recent employer

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___
Company Address _____
Job Title _____ Starting Pay _____ Ending Pay _____
Supervisor Name _____ Reason for Leaving _____
May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___
Company Address _____
Job Title _____ Starting Pay _____ Ending Pay _____
Supervisor Name _____ Reason for Leaving _____
May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___
Company Address _____
Job Title _____ Starting Pay _____ Ending Pay _____
Supervisor Name _____ Reason for Leaving _____
May we contact this employer? Yes No

Company Name _____ Phone # _____ From ___/___/___ To ___/___/___
Company Address _____
Job Title _____ Starting Pay _____ Ending Pay _____
Supervisor Name _____ Reason for Leaving _____
May we contact this employer? Yes No

ACKNOWLEDGMENT-- Read carefully, initial each paragraph and sign below.

_____ I hereby authorize Empire to conduct any investigation necessary concerning any part of my background related to the position I am seeking. Furthermore I understand that should I be hired for a position with the company, as a condition of employment, I may be required to undergo further background checks as required by the company's clients in contracts for services. I release all parties from all liability for any damage that may result from furnishing information and opinion, which is truthful, without malice, or made in good faith to Empire.

_____ I understand that neither this application nor any communication by a management representative is intended to or does in fact create a contract of employment. I agree that any employment which may result would be employment at will, may be terminated with or without cause, with or without notice, at any time, for any reason, at the option of myself or Empire. In consideration of employment I agree to conform to the rules and regulations of the company and I understand the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

_____ I understand that as a condition of employment, and at any time during employment, I may be required to take a physical examination which may include alcohol and drug test to determine ability to perform my job in a manner that does not endanger my own health or the safety and health of others. I authorize all healthcare providers who examine me to disclose to Empire or its agents, all medical information revealed during such examinations. I authorize Empire to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others.

_____ I have read the above statements and understand them. I certify that I have personally completed this application and that the information contained in the application is true and complete to the best of my knowledge. I understand that any false information or omissions will disqualify me from consideration for employment, and/or will be justification for dismissal if discovered at a later date.

Applicant Signature _____ Date ___/___/___