

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you is _____ : _____
 Home Cellular/Other

May we contact you at work? Yes No
If yes, work number and best time to call:
() : _____

If you are under 18 and it is required,
can you furnish a work permit?..... Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before?..... Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company?..... Yes No
If yes, additional information may be requested.

Are you legally eligible for employment
in this country? Yes No

Date available for work _____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company?..... Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
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Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
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Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





BACKGROUND CHECK DISCLOSURE FORM

Info Cubic, LLC and its designated agents and representatives may conduct a comprehensive review of your background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. The scope of the consumer report/investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. These reports may be obtained by Info Cubic, LLC at any time after receipt of your authorization. You may request more information about the nature and scope of any investigative consumer reports by contacting Info Cubic, LLC. Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name



RELEASE OF LIABILITY

I hereby irrevocably and unconditionally waive and release Info Cubic, LLC (“Info Cubic” or the “Company”) and its agents, officials, representatives, or assigned agencies, including officers, directors, subsidiaries, parents, employees, and/or related personnel, both individually and collectively, from any and all claims, demands, or liabilities of any nature whatsoever, whether arising statutorily, in tort or contract, known or unknown, suspected or unsuspected, on account of any injury or damage, including, but not limited to, defamation and invasion of privacy, which I may have at any time now or in the future, arising out of or in any way related to the investigation contemplated by this authorization, or from reliance on the information furnished. I ACKNOWLEDGE and AGREE that I have read and understand this Release of Liability and that I freely and voluntarily sign this document. I further agree that Info Cubic has made no representations, inducements or statements other than those in writing in this document and in other written disclosures provided to me, about the background investigation. I further agree and certify that the information that I provide in this form is true and correct, and that my application or employment shall be terminated based on any false, omitted, or fraudulent information.

Signature: _____ **Date:** _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name (First Middle Last)

Current Address

City

State

ZIP/Postal Code



BACKGROUND CHECK AUTHORIZATION FORM

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described in the background check disclosure, without any reservation, throughout any duration of my employment at _____ (company name) (hereinafter referred to as the "Company"). I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

In consideration for reviewing my application for employment, I hereby authorize the Company and Info Cubic, LLC, and any other individual or entity retained by it, pursuant to the provisions of the Fair Credit Reporting Act (15 U.S.C. §§ 1681 *et seq.*) and any other applicable federal, state and local laws, to conduct a thorough pre-employment background screening, including investigation of my references, work record, educational background, governmental agency records, and any other matters related to my suitability for such employment, including, but not limited to, the right to verify my social security number, and conduct a criminal records search.

I understand and acknowledge that it is my right to receive, within 7 days of receipt by the Company, a copy of any "public records" obtained by the Company as part of any pre-employment background screening the Company conducts with respect to my employment application. By initialing here, I waive my right to receive a copy of such public records: _____. I understand and acknowledge that if the Company takes any adverse action against me with respect to my employment application as a result of any public record obtained during any pre -employment background screening it conducts, that the Company will provide me a copy of such public record regardless of the foregoing waiver.

I understand and acknowledge that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am or have been acquainted, or who may have knowledge concerning any such items of information. I understand and acknowledge that, upon my written request, the Company shall make a complete and accurate written disclosure of the nature and scope of the consumer investigation it has requested with respect to my employment application. I further understand and acknowledge that I have the right to request a copy of any investigative consumer report obtained with respect to my employment application.

I understand and acknowledge that the Company shall have the right, in its sole discretion, to review data from the sources referred to above, and that satisfactory completion of my background investigation shall be a condition to my employment. In the event the Company determines, in its sole discretion, that I am not suitable for the position applied for, then the Company shall have no further responsibility with regard to my application for employment or any conditional offer of employment which may have been provided to me.



I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE AND RELEASE OF LIABILITY FORMS and certify that I have read and understand both of these documents. By signing this authorization form I am acknowledging that I have received and signed each of these forms.

Signature: _____

Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last)

Maiden/AKA/Previous Name(s)

____ - ____ - ____
Social Security Number

Email Address

____/____/____
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Driver License Number

State

Current Address

(____)_____
Phone

City

State

ZIP/Postal Code

California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from Info cubic, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Info Cubic has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Info Cubic during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to Massachusetts Applicants: Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law _____