

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete the first two pages.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. Please note "Not Applicable" if not answering a question.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET  
 \_\_\_\_\_  
CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET  
 \_\_\_\_\_  
CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

For which position are you applying? \_\_\_\_\_ What date can you start? \_\_\_\_\_

What category would you prefer? Full-time  Part-time/Temporary  Labor pool

For which schedules are you available? \* Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes  No If the job requires, do you have the appropriate valid drivers license?  
 Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type State of issue \_\_\_\_\_
- Yes  No Have you had any moving violations? Please describe.  
 Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_
- Yes  No Have you been given a job description or had the essential functions of the job explained to you?  
 Yes  No Do you understand these essential functions?  
 Yes  No Can you perform the essential functions of this job with or without reasonable accommodation?  
 List languages in which you are fluent. \_\_\_\_\_

## SECURITY

List states and counties of residence for the past seven years. \_\_\_\_\_

- Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.
- Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. (In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

## COMMENTS

ASK FOR ADDITIONAL PAGE IF NECESSARY

PLEASE NOTE. Your application will not be considered unless every question in this section is answered.

**PREVIOUS EMPLOYERS**

Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

<b>MOST RECENT EMPLOYER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you currently working for this employer?	<b>PHONE</b> (   )
		<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, may we contact?	<b>FAX</b> (   )
COMPANY NAME	CITY	STATE	
FROM DATE EMPLOYED	TO DATE EMPLOYED	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING	

<b>SECOND MOST RECENT EMPLOYER</b>		<b>PHONE</b> (   )
		<b>FAX</b> (   )
COMPANY NAME	CITY	STATE
FROM DATE EMPLOYED	TO DATE EMPLOYED	JOB TITLE
DUTIES		
SALARY	PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING

<b>THIRD MOST RECENT EMPLOYER</b>		<b>PHONE</b> (   )
		<b>FAX</b> (   )
COMPANY NAME	CITY	STATE
FROM DATE EMPLOYED	TO DATE EMPLOYED	JOB TITLE
DUTIES		
SALARY	PER (HOUR, WEEK, MONTH)	REASONS FOR LEAVING

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non job-related.

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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**Disclosure to Employment Applicant  
Regard Procurement of A Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first finished.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document (see Summary of Rights).

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain a copy for your files.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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The FCRA gives several different federal agencies authority to enforce the FCRA:

### **For Questions or Concerns Regarding:**

CRAs, creditors and others not listed below

### **Please Contact:**

Federal Trade Commission  
Bureau of Consumer Protection  
FCRA  
Washington, DC 20580 202-326-3761

National banks, federal branches/  
agencies of foreign banks (word  
"National" or initials "N.A." appear  
in or after bank's name)

Office of Comptroller of the  
Currency  
Compliance Management, MS 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member  
banks (except national banks, and  
federal branches/agencies of  
foreign banks)

Federal Reserve Board  
Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693

Savings associations and federally  
chartered savings banks (word  
"Federal" or initials "F.S.B." appear  
in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words  
Administration  
"Federal Credit Union" appear in  
institution's name)

National Credit Union  
  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360

Banks that are state-chartered or  
are not Federal Reserve System  
members

Federal Deposit Insurance Corp.  
Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

Air, surface or rail common carriers  
regulated by former Civil Aero-  
nautics Board or Interstate  
Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers  
and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator-  
GIPSA  
Washington, DC 20205  
202-720-7051

# Conditional Job Offer & Medical Review

Applicant note: This form is to be completed *only* after you have been given an offer of employment.

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE OF JOB OFFER

Based on qualifications presented on your application form and/or in your job interview, you are hereby offered a job with our organization conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be rescinded unless a medical review reveals that you cannot perform the essential functions of the job (with accommodations if requested), or you present a hazard to yourself or others. False or misleading statements are also grounds for rescinding this offer. Please note that workers' compensation benefits in some states may also be affected by false or misleading information. This form must be accurate and complete for us to process. This information is considered personal and medical in nature and will be treated as such by handling it confidentially in strict compliance with the Americans with Disabilities Act. This offer is valid only if the back of this page is signed by a company representative.

## EMERGENCY INSTRUCTIONS

In case of emergency contact:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CITY/STATE

Are there any other emergency instructions, circumstances, medical needs, allergic responses or procedures the company should know?

\_\_\_\_\_  
\_\_\_\_\_  
(CONTINUE IN COMMENT SECTION ON BACK IF NECESSARY)

## HEALTH AND SAFETY

**I**  Yes  No Have you every had any injury or injuries on the job?

If yes, please describe:

- a) date of injury
- b) employer
- c) body part affected
- d) cause
- e) amount of lost time
- f) any permanent disability (%)?
- g) was workers comp claim filed?

	1	2	3

Please list any others in comment section on the back

(If applying for a job in NY or IL, leave workers comp question, line g, blank)

**II**  Yes  No Do you have or have you had other injuries or illnesses not on the job (home, auto, sports, hunting, etc.) that have resulted in hospitalization, surgery or lost work time?

If yes, please describe:

- a) date of injury/illness
- b) body part affected
- c) cause
- d) days in hospital
- e) days lost work time
- f) have you recovered?

	1	2	3

Please list any others in comment section on the back

### Personal and Confidential

*This page contains sensitive information, store in secure "medical only" files, separately from personnel records!*

**III**  Yes  No Are you taking any long term (more than 30 days) prescribed medication?

If yes, please describe:

- a) type of medication
- b) purpose
- c) side effects

1	2	3

**IV**  Yes  No Do you have or have you been diagnosed as having any illness or injury for which you are not seeking treatment?

If yes, please describe:

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**COMMENTS:**

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**AFFIRMATION AND AUTHORIZATION:**

I hereby affirm that the information on this form is true and correct, and that there are no omissions, false information or misrepresentation of facts. I authorize any physician, medical facility, law enforcement agency, administrator, state agency, institution, information service bureau, insurance company or employer contacted by this company or an agent of this company to furnish or verify workers' compensation information and medical records.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

TODAY'S DATE

SIGNATURE

Upon successful completion of this review you will be given a start date:

TODAY'S DATE

AUTHORIZED SIGNATURE OF COMPANY REPRESENTATIVE

**FOR EMPLOYERS USE ONLY**

VERIFICATION (Personnel Administrator)

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MEDICAL REVIEW (Medical Professional)

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**Personal and Confidential**

*This page contains sensitive information, store in secure "medical only" files, separately from personnel records!*