

EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS

If you need help filling out this application form or 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."
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may have an attached 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.

TODAY'S DATE: _____

NAME: _____

LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____

CURRENT ADDRESS: _____

STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____

STREET CITY STATE ZIP

EMERGENCY CONTACT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE #	STATE	TYPE	EXPIRES

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, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by a qualified applicant. 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 are 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

For which schedules are you available? Weekdays Weekends Overtime Shift Other First Second Third

What hours? _____ What days? _____

EDUCATION

Please circle highest grade completed. 8 9 10 11 12 13 14 15 16 GED

NAME	CITY/STATE	DEGREE/MAJOR	DATES
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY

Yes No

List states and counties you've lived in for the past seven years. _____

Have you used any names or Social Security Numbers other than those on this page? If so, please list _____

U.S. MILITARY OR NAVAL SERVICE	RANK
TYPE OF DISCHARGE	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

REFERENCES

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

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

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Past Wage	Work Performed	
		From	To			
	Address					
	Telephone Number(s)					
	Job Title	Supervisor				
Reason for Leaving		Are you eligible for rehire? If not, why?				
2.	Employer	Dates Employed		Past Wage	Work Performed	
		From	To			
	Address					
	Telephone Number(s)					
	Job Title	Supervisor				
Reason for Leaving		Are you eligible for rehire? If not, why?				
3.	Employer	Dates Employed		Past Wage	Work Performed	
		From	To			
	Address					
	Telephone Number(s)					
	Job Title	Supervisor				
Reason for Leaving		Are you eligible for rehire? If not, why?				
4.	Employer	Dates Employed		Past Wage	Work Performed	
		From	To			
	Address					
	Telephone Number(s)					
	Job Title	Supervisor				
Reason for Leaving		Are you eligible for rehire? If not, why?				
5.	Employer	Dates Employed		Past Wage	Work Performed	
		From	To			
	Address					
	Telephone Number(s)					
	Job Title	Supervisor				
Reason for Leaving		Are you eligible for rehire? If not, why?				

Please explain any gaps in employment.

How did you learn about us?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

State any additional information you feel may be helpful to us in considering your application.

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 may result in rejection of my application or discharge any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I release all 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.

I agree to abide by the safety rules of the company.
I will report any injury which I receive on the job to my supervisor and to Personnel Source, Inc. at the time of injury.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Personnel Source, Inc., its employees, agents, professional investigators or any representative of the above named company, to perform investigations into my background, past behavior, character and reputation.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans. Investigative reports may also include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment record, military records or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of Personnel Source. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

I understand that any and all information released to Personnel Source, Inc., by any agency, institution or individual shall be made known to the company which I am assigned to. Further, I do hereby release, absolve, and agree to forever hold harmless Personnel Source, Inc. their officers, agents, contractors and employees and, the company which I am assigned to, their officers, agents, contractors and employees as well as any and all agencies, persons and/or institutions who furnish information on me, from any and all liability. This also applies to any and all suits, actions, or causes of actions at law, claim, demand or liability which I, my successors, assigns, heirs, executors or administrators have now or may ever have resulting directly, indirectly or remotely from said agencies, institutions or individuals having furnished information.

EDUCATION- I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records and any other information requested.

EMPLOYMENT- I authorize all former and current employees to release any and all information regarding my employment history This includes all information contained in my personal file, salary history, condemnations and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT- I authorize the above company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler.

I understand that the information requested is for the use of Personnel Source and may be re-disclosed only as authorized by law. I understand that I have the right to request from Personnel Source a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) And adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing with five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless Personnel Source, its agents, or others reporting to or for Personnel Source, any investigators, all former employers, reporting agencies and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

SIGNATURE	DATE
-----------	------