

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws.

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons.

Position(s) applied for	Date of application			
Print full name		Desire	ed Salary	
Street address		City	State	ZIP
Main phone number	Alt. phone number	Email		
	Francis in ant	Francis nos		
	Employment	-		
List the names of your present employer listed first. Be sure t				
supply business references. Ad		5116 601116	arry name and	
Name of employer	Supervisor	May v	May we contact?	
		□ Ye	s □ No	
Street address				
Phone number		Dates employed (month/year)		
	From	То	То	
Job title and duties	Reason for leaving			



	Name of employer	Supervisor	May we contact?	
			☐ Yes ☐ No	
	Street address			
	Phone number	Dates employed (month/year)		
		From	То	
	Job title and duties	Reason for leaving		
	Name of employer	Supervisor	May we contact?	
			☐ Yes ☐ No	
	Street address			
	Phone number	Dates employed (mor	th/year)	
		From	То	
	Job title and duties	Reason for leaving		
			- L 2 🖂 V 🖂 N -	
нач	re you ever been involuntarily terminated or aske	ed to resign from any jo	od! ⊔ Yes ⊔ No	
If y	es, explain.			



Explain any gaps in your employment history.
List any other experience, job-related skills, additional languages, or other qualifications that you
believe should be considered.
Education
Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				



### **Business and Professional References**

List three professional references of individuals who are *not* related to you.

	Name and title	Relationship	Phone number or email
Ge	neral Information		
1.	Have you ever used another name?	☐ Yes ☐ No	
2	Have you ever worked for this com	nany before? □ Yes □ No	
If yes, provide dates and position:			
	in yes, provide dates and position.		
2	Do you have friends and/or relative	os working for this company?	J Vos □ No
٥.	Do you have friends and/or relative		i res ∟ no
	If yes, name(s) and relationship(s):		



4.	On what date are you available to begin work?						
5.	. Are you currently employed? □ Yes □ No						
6.	Days/hour	rs available to	work:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you availa	able to work?	□ Full time □	Part time	☐ Shift work	☐ Temporar	<b>-</b> У
8.	If hired, do you have a reliable means of transportation to and from work? $\Box$ Yes $\Box$ No						
9.	Can you trave	el if the position	on requires it?	□ Yes □ No			
10.	Are you at lea	ast 18 years ol	d? □ Yes □ No	)			
	Note: If unde	r 18, hire is su	bject to verifi	ication that yo	ou are of mini	mum legal ag	ge.
11.	If hired, can y	you present ev	idence of you	r identity and	legal right to	work in this	country?
	☐ Yes ☐ No						
			minor traffic n	,		<u> </u>	
	(Please selec	ct one) Company Web Job Board (e.g	were hiring? site g., Indeed, Gla e.g., LinkedIn,	assdoor, etc.)	stagram)		
			Current Emplo		<i>5</i> ,		
			a Sign at the I				
			ersity Career (	Center			
		Career Fair or	•				
		Other:					



### **Applicant Statement and Agreement**

Read and i	initial each paragraph below. Ask if there is anything that you do not understand.
and em oth add cor	ereby authorize the company to thoroughly investigate my references, work record, education d other matters related to my suitability for employment and, further, authorize the prior aployers and references I have listed to disclose to the company any and all letters, reports, and her information related to my work records, without giving me prior notice of such disclosure. In dition, I hereby release the company, my former employers, and all other persons, reporations, partnerships, and associations from any and all claims, demands, or liabilities arising to for in any way related to such investigation or disclosure.
	the event of my employment with the company, I understand that I am required to comply with rules and regulations of the company.
I no fur wit	nired, I understand and agree that my employment with the company is at will and that neither or the company is required to continue the employment relationship for any specific term. I ther understand that the company or I may terminate the employment relationship at any time th or without cause, and with or without notice. I understand that the at-will status of my aployment cannot be amended, modified, or altered in any way by any oral modifications.
cor em pro	nderstand that the safety of employees is extremely important to the company and that the mpany is committed to ensuring a safe working environment. I understand that I, and every aployee, have a responsibility to prevent accidents and injuries by observing all safety ocedures and guidelines and following the directions of my site supervisor. I understand and tree to comply with federal, state, and local regulations related to on-the-job safety and health.
fur und doc	ereby certify that the answers given by me are true and correct to the best of my knowledge. In ther certify that I, the undersigned applicant, have personally completed this application. I derstand that any omission or misstatement of material fact on this application or on any cument used to secure employment shall be grounds for rejection of this application or for mediate discharge if I am employed, regardless of the time elapsed before discovery.
evi	nderstand that if I am selected for hire, it will be necessary for me to provide satisfactory idence of my identity and legal authority to work in the United States, and that federal migration law requires me to complete an I-9 Form in this regard.
	nderstand that if any term, provision, or portion of this Agreement is declared void or enforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.
My signati	ure attests to the fact that I have read, understand, and agree to all of the above
Signature	<b>:</b>
	int):

In



#### **AUTHORIZATION TO OBTAIN INFORMATION**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers**. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)	
	/ /
Applicant's / Employee's Signature	