

[INSERT COMPANY NAME/LOGO]

APPLICATION FOR AT-WILL EMPLOYMENT

This Document is an **APPLICATION FOR AT-WILL EMPLOYMENT** and does **NOT** constitute an employment contract. This document provides [COMPANY] with general information from which to evaluate Applicant's suitability for employment. It is the policy of [COMPANY] to provide equal employment opportunity to all qualified persons, without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and/or federal law. It is further the policy of [COMPANY] to elect to conduct pre-employment screening, including but not limited to appropriate skills testing, prior to extending any job offer. In the event a job offer is extended to Applicant, actual employment may be contingent upon the successful completion of a medical evaluation, including but not limited to drug and alcohol testing which may require the Applicant to provide blood or urine samples for testing and analysis. This Application shall remain active for a period of 180 days.

APPLICANT PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME TELEPHONE:	MOBILE TELEPHONE:	SSN:
ADDRESS:		
Position Applied For:		
Available Start Date:		
Salary Desired:		

Available for: Full-Time Employment Part-Time Employment
 Weekend Shifts Evening Shifts

Other: _____

Please answer the following questions:

1	Do you hold a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
	State of Issue?		
	License No:		
	Expiration Date:		
2	Have you been convicted of, or pled guilty to, any traffic-related offense within the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
3	Has your license been suspended or revoked, or have your driving privileges been modified by any court of law within the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
4	Are you at least 18 years of age and legally eligible for work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
5	Are you available and willing to work overtime when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
6	Have you received a description of the job or been made aware of the essential functions of the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
7	Do you understand the requirements of the position for which you have applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
8	Have you ever been terminated, discharged, or asked to resign from any position of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
	If yes, please explain:		
9	Have you ever been convicted of, or pled guilty to, any felony or other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
	If yes, please explain:		
10	Are you currently on layoff and/or subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
11	Are you currently bound by any noncompetition or other agreement which would bar you from and/or impact your employment with our company?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
	If yes, please explain:		

EMPLOYMENT HISTORY

(Please provide up to 10 years' worth of Employment History)

Most Recent or Current Employer Name, Address, & Telephone:	
Supervisor Name & Title:	
Position Title:	
Dates of Employment:	
Current Rate of Pay:	
Duties & Responsibilities:	
Reason for Leaving:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Most Recent Employer Name, Address, & Telephone:	
Supervisor Name & Title:	
Position Title:	
Dates of Employment:	
Current Rate of Pay:	
Duties & Responsibilities:	
Reason for Leaving:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Most Recent or Current Employer Name, Address, & Telephone:	
Supervisor Name & Title:	
Position Title:	
Dates of Employment:	
Current Rate of Pay:	
Duties & Responsibilities:	
Reason for Leaving:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Most Recent Employer Name, Address, & Telephone:	
Supervisor Name & Title:	
Position Title:	
Dates of Employment:	
Current Rate of Pay:	
Duties & Responsibilities:	
Reason for Leaving:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School Name	City, State	Course of Study	Graduation or Dates of Attendance
High School:			
Technical School:			
College:			
Graduate School:			

SKILLS, CERTIFICATIONS, AND LICENSES

Please list any special skills you may have which relate to the position for which you have applied:

Please list any professional licenses, designations, certifications, etc., which relate to the position for which you have applied. Please include the date of issuance, name of the issuing authority or organization, and expiration date, as applicable:

CERTIFICATION OF APPLICANT

1. Applicant hereby authorize the investigation of any and all statements within the foregoing Application for At-Will Employment and release all persons or employers supplying information as part of said investigation from any and all liability which may result therefrom.
2. Applicant hereby certifies that all facts and information set forth in the foregoing Application for At-Will Employment are true and complete to the best of Applicant's knowledge and believe. Applicant acknowledges that any falsification of information and/or misrepresentation or omission of facts by Applicant herein (or in any supporting documents required as part of this application process) shall be cause for denial of employment eligibility and/or immediate termination of employment, regardless of when said falsification of information and/or misrepresentation or omission of facts may be discovered.
3. Applicant acknowledges and agrees that, if an offer of employment is extended to and accepted by Applicant from Company, that Applicant will comply by all existing and future rules, policies, and procedures of Company. Applicant further acknowledges and agrees that Company has the right to modify wages, hours, shifts, job descriptions, and other employment conditions as deemed necessary by Company, at the sole and absolute discretion of the Company.
4. Applicant acknowledges and agrees that, if an offer of employment is extended to and accepted by Applicant from Company, that Applicant's employment shall be AT-WILL, and that either Applicant or Company may terminate or end the employment relationship at any time, without need for cause, and without need for advance notice.
5. Applicant acknowledges and agrees that any offer of employment is contingent upon Applicant's ability to provide, within three (3) business days of employment, valid proof of identity and eligibility to work, in compliance with the Immigration Reform and Control Act of 1986.

ATTESTATION: By signature below, I, the Applicant herein, attest that I have read and reviewed the information contained in this Application For At-Will Employment, including all statements and information provided by me therein. I hereby certify that I understand all parts of same and that the answers and information provided by me herein are true and complete, to the best of my knowledge and belief.

SIGNATURE OF APPLICANT:

PRINTED NAME:

DATE:



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

[INSERT COMPANY NAME/LOGO]

AUTHORIZATION & RELEASE FOR BACKGROUND CHECK

Applicant hereby certifies, by signature below, that all statements made in the Application for Employment with [COMPANY] are true, correct, and complete, to the best of Applicant's knowledge.

1. Consent to Conduct Background Investigation:

As a condition of consideration for employment with [COMPANY], Applicant hereby grants permission to [COMPANY] to investigate Applicant's personal and employment history. Applicant understands and acknowledges that said background investigation may include, but is not limited to, verification of all information provided on the Application for Employment, including interviews with former employers. Applicant hereby consents and permits [COMPANY] to conduct said investigation in connection with Applicant's consideration for employment with [COMPANY].

2. Consent to Contact Past Employers:

Applicant hereby grants permission to [COMPANY] to contact all employers listed on the Application for Employment, except those specifically excluded by Applicant, for references. Applicant further grants permission to all current and/or former employers, managers, or supervisors, to discuss Applicant's relevant personal and/or employment history with [COMPANY], consents to the release of such information verbally or in writing, and hereby releases all such former employers, managers, or supervisors from any and all liability related thereto.

3. Consent to Contact Government Agencies:

Applicant hereby grants permission to [COMPANY] to obtain copies of information related to Applicant from any federal, state, or local court, governmental agency, law enforcement agency, or investigator, relative to Applicant's Application for Employment with [COMPANY].

4. Cooperation With Investigation:

Applicant hereby agrees to cooperate with [COMPANY] in the completion of said background investigation, and to sign appropriate authorizations, releases, and/or waivers as may be necessary to obtain applicable investigative information. Applicant further agrees that, in the event any party or agency refuses to release reference information or criminal history information to [COMPANY] under this Authorization and Release form, that Applicant will, upon request, submit written request for such information personally to said party or agency.

5. Falsification of Information

Applicant hereby acknowledges that false statements and/or omission(s) of fact made in Applicant's Application for Employment with [COMPANY] or related to said background investigation shall constitute grounds for rejection of Applicant's Application for Employment or, if said falsification(s) or omission(s) is/are discovered after an offer of employment is extended to Applicant, shall constitute grounds for immediate dismissal from employment.

6. Employment "AT WILL"

Applicant hereby agrees to comply with all rules and regulations, policies and procedures of [COMPANY], and that any employment of Applicant shall be "AT WILL" and may be terminated by [COMPANY] at any time, with or without cause, and with or without notice, at the option of either [COMPANY] or Applicant. Any offer of employment extended by [COMPANY] to Applicant herein shall in no manner be construed as a contract of employment.

Signature of Applicant: _____

Printed Name: _____

Date: _____

Company Representative: _____

Printed Name/Title: _____

Date: _____

[INSERT COMPANY NAME/LOGO]

REQUEST FOR EMPLOYMENT REFERENCE

Applicant Name: _____

- 1. Employment Dates: _____ to _____
- 2. Reason for Termination: _____
- 3. Starting Job Title: _____
- 4. Stating Pay Rate: \$ _____ Per _____
- 5. Ending Job Title: _____
- 6. Ending Pay Rate: \$ _____ Per _____
- 7. Eligible for Rehire: Yes No
- 8. Applicant Performance:

Category	Outstanding	Above Average	Average	Below Average
Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On Behalf of Company: _____

Printed Name & Title: _____

Date: _____

[INSERT COMPANY NAME/LOGO]

JOB DESCRIPTION

JOB TITLE: _____

JOB SUMMARY: _____

PRIMARY DUTIES:

- 1.
- 2.
- 3.
- 4.
- 5.

SECONDARY DUTIES:

- 1.
- 2.
- 3.
- 4.
- 5.

SKILLS REQUIRED TO SUCCESSFULLY PERFORM THE DUTIES OF THIS POSITION:

- 1.
- 2.
- 3.
- 4.
- 5.

PHYSICAL REQUIREMENTS:

- 1.
- 2.
- 3.
- 4.
- 5.

EDUCATIONAL REQUIREMENTS:

- 1.
- 2.
- 3.

LICENSE AND CERTIFICATION REQUIREMENTS:

- 1.
- 2.
- 3.

EDUCATIONAL REQUIREMENTS:

- 1.
- 2.
- 3.

Job Description Approved By: _____

Signature/Title of Approver: _____

Revision Date: _____

DISCLAIMER: Company reserves the right to modify and/or interpret the application of this job description at Company's sole discretion. This job description is representative of the general nature of the position for which applicant has applied, and is in no way limited to the aforementioned duties. **This job description does not constitute an employment contract or an offer of employment, nor the implication thereof. All offers of employment are extended on an "at-will" basis.** All requirements listed herein are subject to change, and may be modified to reasonably accommodate qualified disabled individuals.