

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

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 (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

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

May we contact you at work? Yes No

If yes, work number and best time to call:
 () _____ : _____
AM PM

If you are under 18 and it is required,
 can you furnish a work permit? N/A 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 lawfully authorized to work in
 the United States? 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 ever pleaded "guilty" or "no contest" to or been convicted of
 a crime? NOTE: Answering "yes" to this question does not constitute an automatic
 bar to employment. Factors such as date of the offense, seriousness and nature of
 the violation, rehabilitation and position applied for will be taken
 into account. Yes No

If yes, please provide date(s) and details: _____

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)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
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 \$
Why did you leave?	E-mail:	Compensation (Final)
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		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
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, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

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

Educational Background

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

School (include City and State)	# of 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
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or other similarly protected status.

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

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

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 60 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.
I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.
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 race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other protected status under applicable federal, state, or local law.
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 ____/____/____



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.
Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Affirmative Action Voluntary Information Form B

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we ask you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please print.

Position(s) applied for: _____ Date: ____/____/____

Referral Source:

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source: _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State ZIP Code

- Male Female

EEO Self-Identification

Please check the box (only one) that best applies to you:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

Veteran Status Information (For government contractors with contracts entered into on or after December 1, 2003, in the amount of \$100,000 or more)

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, Armed Forces service medal veterans, recently separated veterans and other protected veterans. If you are a disabled veteran, Armed Forces service medal veteran, recently separated veteran or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Veteran Status Information (continued)

Please check all boxes that apply to you:

- I am an Armed Forces service medal veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded under Executive Order 12985.
- I am a recently separated veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- I am an other protected veteran.** A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

Disabled Veterans (APPLICANT: Only complete this section if the Company has checked "Yes" below)

EMPLOYER: Please indicate whether you are inviting applicants to participate in your Company's affirmative action program benefiting disabled veterans.

- Yes.** The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in the company's affirmative action program.
Check this box ONLY if the Company is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect these data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If the company has checked "Yes" above, you are asked to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under the Company's affirmative action program for disabled veterans. You may elect to be included at this time or any time in the future.

- Yes.** I would like to be included under the Company's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the Company's affirmative action program for disabled veterans.

If you are a disabled veteran, it would assist us if you tell us about any special methods, skills and procedures that qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

Applicant's Signature: _____

For Administrative Use Only

Hired Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled (or applied for, if applicant rejected)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers |
| <input type="checkbox"/> First/Mid-Level Officials & Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Service Workers | | |

Notes: _____

Completed by: _____

Date: ____/____/____

To be filed separately from employment application.



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