

HR - EMPLOYMENT APPLICATION (Version 1)

[Employer Name] is an Equal Employment Opportunity Employer (EEOC). We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition or any other characteristic protected by law as defined.

We are glad you are interested in joining [Employer Name]'s team. Please read the following statements carefully before you agree and submit this application.

NOTE TO APPLICANT

This application will be considered active for 60 days. If you have not been hired within 60 days of submitting this application and you wish to be considered for employment, you must complete a new application.

Today's Date: _____

APPLICANT INFORMATION

Name (Last)	First	Middle Initial
Address		City
Mailing Address		City
Home Phone #		Mobile Phone #
Email Address (optional)		

RECRUITMENT RESOURCES

How did you hear about the position? <input type="checkbox"/> Company Website <input type="checkbox"/> Newspaper <input type="checkbox"/> LinkedIn <input type="checkbox"/> Career Day <input type="checkbox"/> Job Fair <input type="checkbox"/> City Bulletin Board <input type="checkbox"/> Other _____
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POSITION

Position Applying For	Available Start Date	Currently Employed? <input type="checkbox"/> yes <input type="checkbox"/> no
May we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor Name	Contact #
Previously employed by [Employer Name]? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, when?	Position Held

IMMIGRATION

Authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no
If hired, can you submit documentation verifying your identity and your legal right to work in the U.S. within 3 business days of when you begin work for pay? <input type="checkbox"/> yes <input type="checkbox"/> no

HIGH SCHOOL EDUCATION

Graduate from high school or pass GED test? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you 18 years old or older? <input type="checkbox"/> yes <input type="checkbox"/> no
If under 18 years of age, can you provide a work permit or GED certificate after offer of employment is made? <input type="checkbox"/> yes <input type="checkbox"/> no	

ADDITIONAL INFORMATION

If offered a position, would you be willing to take a drug test as a condition of employment? <input type="checkbox"/> yes <input type="checkbox"/> no
If offered a position, would you be willing to allow [Employer Name] to do a criminal background check? <input type="checkbox"/> yes <input type="checkbox"/> no

REASONABLE ACCOMMODATION

Examinations may include written test, interviews, physical abilities tests, or other processes. Reasonable accommodation will be provided to applicants who need assistance to participate in the selection process. Please review the section process for the type of tests included in this examination.

Do you need a reasonable accommodation? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please describe: Note: You will be contacted by phone or mail regarding your inquiry. If you have not previously done so, you will be required to provide written verification from an appropriate professional confirming your disability and appropriate accommodation. Verification forms may be obtained at the [insert] or by calling [insert].
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EMPLOYMENT HISTORY

Please list all previous employment, beginning with the most recent. If you need more room you may attach additional employment history on a separate sheet of paper.

Employer(s)	City / State	Position(s) Held	Employment Date(s)

EDUCATION

School Name	City / State	Graduated/Degree (indicate "yes or no")

Do you have any licenses, certifications, or other credentials for the position of which you are applying? If so, please list:

SPECIAL DATA

We are an Equal Employment Opportunity Employer (EEOC). We request **voluntary** identification of your sex, and ethnicity/racial group and/or disability so that we can monitor the effectiveness of our EEOC program. Providing the information will not affect your employment application.

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish To Identify	Ethnic Group/Race: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White, not Hispanic/Latino <input type="checkbox"/> Black/African, not Hispanic/Latino <input type="checkbox"/> Asian, not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander, not Hispanic/Latino <input type="checkbox"/> American Indian or Alaskan Native, not Hispanic or Latino <input type="checkbox"/> Two or more Races, not Hispanic/Latino
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MILITARY EXPERIENCE

Have you served in the U.S. Military? <input type="checkbox"/> yes <input type="checkbox"/> no	Rank
Date of Service	Date of Discharge (if applicable)
If yes, please describe any relevant skills acquired while serving in the U.S. Military.	

PROTECTED VETERAN CATEGORIES

<input type="checkbox"/> Protected Veteran	<input type="checkbox"/> Not A Protected Veteran	<input type="checkbox"/> Do Not Wish To Identify
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READ AND COMPLETE

The following statements are general conditions for employment. This application does not constitute an offer of employment, merely the opportunity to compete for the position. Your application is subject to review and may be rejected at any time if shown that you do not meet the qualifications specified in the bulletin for the position for which you are applying. Please read and initial the following statements, and sign and date the application.

As a condition of employment for a safety-sensitive position, I may be required to undergo a drug and alcohol abuse screening test prior to appointment and I must meet background and medical standards as well. _____ Initial Acknowledgement

I also understand that this application, supplements and attachments become the property of [Employer Name], Personnel Department. No copies of these documents shall be made available to or provided to me until the entire examination is complete. _____ Initial Acknowledgement

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

Applicant Signature: _____ Date: _____