



## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, pregnancy, national origin, ancestry, age, marital or veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability (mental or physical).

<b>PERSONAL INFORMATION</b>			APPLICATION DATE
LAST NAME	FIRSTNAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU AT LEAST 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR? NAME OF LICENSE/CERT _____ ISSUING STATE _____ <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE NUMBER _____			LICENSE EXPIRATION DATE

<b>EMPLOYMENT DESIRED</b>		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO, PLEASE DESCRIBE THE FUNCTIONS YOU CANNOT PERFORM _____			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS			

<b>EDUCATION/U.S. MILITARY SERVICE</b>		PLEASE INDICATE LANGUAGES YOU ARE FLUENT IN: SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	DID YOU GRADUATE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
OTHER				
OTHER				
PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE			
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST MILITARY TRAINING AND SKILLS AS A RESULT OF SERVICE IN THE MILITARY			
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – PLEASE OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE				

<b>REFERENCES</b>		PLEASE LIST THREE NON-RELATIVES WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE		
NAME AND ADDRESS		TELEPHONE	OCCUPATION	YEARS ACQUAINTED
1.				
2.				
3.				
<b>EMERGENCY INFORMATION</b>		IN CASE OF EMERGENCY, NOTIFY		
NAME				TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP	



EMPLOYMENT HISTORY		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK			
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
TYPE OF BUSINESS:			FROM: END:		
COMPANY NAME AND LOCATION		TELEPHONE		FROM: END:	
TYPE OF BUSINESS:					
COMPANY NAME AND LOCATION		TELEPHONE		FROM: END:	
TYPE OF BUSINESS:					
COMPANY NAME AND LOCATION		TELEPHONE		FROM: END:	
TYPE OF BUSINESS:					
MAY WE CONTACT THESE EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS			

ACKNOWLEDGEMENT	
<p>1. I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Trak-1Technology, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.</p> <p>2. I understand that if I am being considered for employment by this company, I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by this company) and to authorize the release of the physical examination and test results to this company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.</p> <p>3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.</p> <p>4. I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to Employment Screening Resources (ESR) information or photocopies of my military personnel and related medical records, or only the following information/records.            _____ Service # _____            Branch of service _____ from _____ to _____</p> <p>5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with this company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.</p> <p>6. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.</p> <p>7. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).</p> <p>8. I acknowledge that I have read all of the above statements and that I understand them.</p> <p>Applicant Signature _____ Date _____</p>	



# Voluntary Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, sex, national origin, religion, marital status, veteran status, sexual orientation, medical condition or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports of the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

## Submission of information is voluntary.

Last Name	First Name	Date	Position Applied For
Circle One  Male      Female		Check if Applicable  <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Recently Separated Veteran	
Check One  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)			

### Race and Ethnic Definitions

**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 maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

### Definitions:

**Veteran of the Vietnam era** means a person who served (i) on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 through May 7, 1975, in all other cases; or (ii) who was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964 through May 7, 1975, in any other location.

**Special disabled veteran** means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more or (B) rated at 10 or 20 percent if the veteran has been determined under Section 38 U.S.C 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veterans** means 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 period

**Other protected veteran** means 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. To see a current list of campaigns or expeditions covered by this definition please visit: <http://www.opm.gov/veterans/html/vgmedal2.asp>

**Armed Forces Service Medal Veteran** means 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 pursuant to Executive Order 12985 (61 Fed. Reg.1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>