

APPLICATION FOR EMPLOYMENT

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. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative. Please print and fill out all sections.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			Social Security Number
Street Address		City	State Zip Code
Primary Phone Number	Alternate Phone Number	Email	

GENERAL INFORMATION

1. Have you ever worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
2. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
3. How were you referred to the company? Sign Friend/Family Online Ad Other _____
4. On what date are you available to begin work? _____
5. Salary Desired _____
6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work? Full-time Part-time Temporary
8. Are you available to work weekends?..... Yes No Overtime?..... Yes No
9. If hired, would you have a reliable means of transportation to and from work?..... Yes No
10. Will you travel if the position requires it?..... Yes No
11. Will you relocate if the position requires it?..... Yes No
12. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
14. Have you ever served in the U.S. Armed Forces? Yes No Branch/Rank _____

15. Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation? Yes No

a. Describe the crime – state the nature of the crime(s), when and where convicted, and disposition.

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EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order, with your present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give the firm name and supply business references. Add an additional page if necessary.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
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Name of Employer	Supervisor	May we contact?
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Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job? If yes, explain..... Yes No

Please explain any gaps in your employment history:

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School				
College/ Vocational School				

BUSINESS AND PROFESSIONAL REFERENCES

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

Name and Title	Relationship	Phone Number or Email

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone Number



**DISCLOSURE UNDER THE FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORTS
FOR EMPLOYMENT PURPOSES**

The undersigned authorizes the current liability and automobile invoice agency, and Bronze Stone Group, to obtain a motor vehicle report, pertaining to me for use in rating and/or underwriting insurance for which the above-named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Name: _____

Date of Birth: _____

Driver's License Number: _____

State Licensed: _____

Signature: _____

Date: _____

AUTHORIZATION

I certify that I have not purposely withheld any information that might adversely affect my chances of hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of the application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time, either with or without prior notice by the company or me. I also understand and agree that no company representative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving my prior notice of such disclosure. In addition, I release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

This waiver does not permit the release of or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____