

EMPLOYMENT APPLICATION

(APPLICANT INSTRUCTIONS)

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

(APPLICANT NOTE)

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

(AVAILABILITY)

For which position are you applying? _____

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary Labor pool

For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____

*reasonable efforts will be made to accommodate religious beliefs and practices

(JOB-RELATED SKILLS)

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ Type _____ State of issue _____
- Yes No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____
- Yes No Have you been given a job description or had the essential functions of the job explained to you?
- Yes No Do you understand these essential functions?
- Yes No Can you perform the essential functions of this job with or without reasonable accommodation?
List languages in which you are fluent. _____

(SECURITY)

List states and counties of residence for the past seven years. _____

- Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

(COMMENTS)

(ASK FOR AN ADDITIONAL PAGE, IF NECESSARY)

PREVIOUS EMPLOYERS

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?	PHONE () FAX ()
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?	
COMPANY NAME _____		CITY _____		STATE _____	
FROM _____	TO _____	JOB TITLE _____		SUPERVISOR NAME _____	
DATES EMPLOYED _____					
DUTIES _____					
SALARY _____ PER _____		REASON FOR LEAVING _____			
(HOUR, WEEK, MONTH)					

SECOND MOST RECENT EMPLOYER		PHONE () FAX ()
COMPANY NAME _____		CITY _____ STATE _____
FROM _____	TO _____	JOB TITLE _____ SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____		REASON FOR LEAVING _____
(HOUR, WEEK, MONTH)		

THIRD MOST RECENT EMPLOYER		PHONE () FAX ()
COMPANY NAME _____		CITY _____ STATE _____
FROM _____	TO _____	JOB TITLE _____ SUPERVISOR NAME _____
DATES EMPLOYED _____		
DUTIES _____		
SALARY _____ PER _____		REASON FOR LEAVING _____
(HOUR, WEEK, MONTH)		

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

NOTE: do not fill out any part of this section you believe to be non - job related.

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	GRADUATE ?	DEGREE ?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____	DATE _____
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EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me, and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

PRINT - EMPLOYEE'S NAME

DRIVER'S LICENSE NUMBER

EMPLOYEE'S SIGNATURE

DATE

REVIEWER'S SIGNATURE

DATE

(Sign and retain the original copy in the employee's file)

The information and suggestions contained in this bulletin have been developed from sources believed to be reliable. However, CNA accepts no legal responsibility for the correctness or completeness of this material or its application to specific factual situations.