

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone No. _____ Social Security Number: _____

Type of Employment Desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirement? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by the position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number if driving is an essential duty: _____

How were you referred to us? _____

Employment History

Please provide all employment pertaining to the nature employment starting with most recent:

Employer: _____ Position Held: _____

Address: _____ Telephone No.: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone No.: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone No.: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position Held: _____
Address: _____ Telephone No.: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any Job related training, skills, licenses, certificates, and/or other qualifications:

Education History

List school name and location, years completed, course of study and any degrees earned:

High School _____
College _____
Technical Training _____
Other: _____

References

List 3 references, name, telephone number and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

FSI is a drug-free workplace. Pre-employment, reasonable suspicion, at-random, post-accident and follow-up drug and alcohol testing are done. A copy of our Drug and Alcohol Policy is available upon request.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____