



APPLICATION FOR EMPLOYMENT

1 INSTRUCTIONS - Please Print

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2 APPLICANT INFORMATION

Position(s) applied for: _____ Date of application: ____ / ____ / ____

Name: Last _____ First: _____ M.I. ____ Other: _____

Address: _____
Street City State Zip Code

Email: _____ Telephone #: () _____ Other Phone #: () _____

Are you under the age of 18? Yes No **(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.**

Have you previously filed an application with this company? Yes No If yes, gives date. _____

Have you previously been employed by this company? Yes No If yes, give date. _____

Telephone #: () _____ Other Phone #: () _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Do you have the legal right to work in the United States? Yes No Date available for work? _____

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Type of employment desired: Full-time Part-time Temporary Seasonal

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings and weekends? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

Desired Salary? _____

AN EQUAL OPPORTUNITY EMPLOYER



3 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Other Languages: (Please indicate if read, written or spoken.) _____

Drivers License (only complete if required for position): Do you have a valid driver's license? Yes No

If yes, Driver's License #: _____ (Class: A B C D E) State _____ Expiration Date: _____

4 EDUCATION DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Correspondence				

Honors received: _____

5 REFERENCES - three individuals, not relatives whom you have known at least one (1) year.

Name and Address	Telephone	Years Known

6 EMPLOYMENT EXPERIENCE - LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first).

Account for all time periods including unemployment, self-employment and military service.

This section must be completed in full in addition to any attached resume.

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			



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	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

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Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Please provide an explanation for any lapse of employment _____

Have you ever been dismissed or forced to resign from an employment? Yes No If yes, please explain. _____



APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and me.

- **Note:** Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.



Disclaimer and Signature

Please read carefully before signing:

The Company is an equal opportunity employer. The Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

LIMITATION OF CLAIMS: I agree that any action or suit against the company arising out of any employment or termination of employment must be brought within six months of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

Signature _____ Date _____



FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report are requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

DISCLOSURE

CLIENT NAME (COMPANY) _____

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment or continued employment at the above Company, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. This Release authorizes the referenced Company or Fusion Employer Services, LLC or its agent, to request a consumer report and/or an investigative consumer report as needed over the course of my employment with the above referenced Company and/or Fusion Employer Services, LLC. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.

Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.

State-Specific Amendment:

California, Oklahoma, Massachusetts, Minnesota, New York, Maine, Washington, and New Jersey residents only: If you are a current resident of CA, OK, MA, MN, NY, ME, WA, or NJ, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Amendment for DOT Employment Verifications:

If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the above Company. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of return-to-duty process following a rule violation.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.

I acknowledge that under provision of the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by the referenced Company or Fusion Employer Services, LLC or its agent, to furnish the information about me described in this release.

I hereby authorize the referenced Company or Fusion Employer Services, LLC to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: _____
Please print clearly

Date: _____

Full Name: _____
Signature

*******THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS*******

Please list all addresses you resided at for the past 7 years (use additional paper if necessary):

Maiden Names/Prior Names: _____

Social Security Number: _____ DOB: _____

DL Number: _____ DL State: _____ Exp Date: _____

Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes only. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

DATE:

NAME:

POSTION APPLIED FOR:

REFERRED BY:

Gender

Female_____ Male_____

Race

White____ Black or African American____ Hispanic or Latino (White Race Only)____
Asian____ American Indian____ Native Hawaiian or Other Pacific Islander____
Or Alaska Native
Two or More Races (Not Hispanic or Latino) _____

If you are a Covered Veteran, please check the box. This information is voluntary; the information will not be used in our selection process.

Covered Veteran____ Vietnam Era Veteran_____

Definitions:

Covered Veteran

- I. Disabled Veterans
- II. Veterans who served on active duty in the Armed Forces during war or in a campaign or expedition for which a campaign badge has been authorized.
- III. Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985 (61Fed. Reg. 1209)
- IV. Recently separated veterans. Recently separated is up to three years.

Veteran of the Vietnam Era – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

If you require an accommodation for the interview process, please advise the HR representative where your are applying for the job.

REFERRAL SOURCE:

How did you learn of this position?

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.