

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	Ending Salary
Reason for Leaving	Essential Job Duties

GENERAL INFORMATION

May we contact your present employer?	__ yes __ no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	__ yes __ no
Have you been employed or attended school using any other name? If yes, please indicate Names previously used:	__ yes __ no
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations? If yes, please explain: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	__ yes __ no
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, job description, with or without reasonable accommodation? If no, please explain:	__ yes __ no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:	__ yes __ no

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any
initial information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize (Organization Name) to thoroughly investigate my references, work record,
initial education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release (Organization Name), 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 investigation or disclosure.

_____ I authorize (Organization Name) to investigate whether I have a criminal record of
initial convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. (Organization Name) has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____ If hired, I recognize the rules and policies of (Organization Name). I understand that
initial my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of (Organization Name) or myself. I understand that the (Official's Title) of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I may be required to submit to a physical
initial examination, including drug test. Additionally, I hereby authorize the release of

the results of such an examination to (Organization Name) for their use in evaluating my suitability for employment. Further, I release the examining facility and (Organization Name) from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

HRA forms/application 2000.doc

(Supplement to Employment Application)

Important Information To Know Before Filling Out An Application for Employment With (ORGANIZATION NAME)

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "see resume".
2. If you are offered a position with (Organization Name) be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the (Organization Name) representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date

5/00 - HRA forms/application.doc