

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill 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".
2. Complete both sides of this form.
3. If more space is needed to complete any question, use the comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may have an attached 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.
6. Do not fill out any other attached forms until instructed.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

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, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. 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 are 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 _____

EDUCATION

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

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

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 those on this page? If so, please list on back.

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
 (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

JOB-RELATED SKILLS

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

List languages in which you are fluent _____

Yes No If the job requires, do you have the appropriate valid drivers 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 requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT REFERENCES

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.*

MOST RECENT EMPLOYER

Yes
 Yes

No
 No

Are you currently working for this employer?
If yes, may we contact?

()

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____

FROM _____ TO _____ JOB TITLE _____ SUPERVISOR NAME _____

DATES EMPLOYED _____

DUTIES _____

SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

()

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____

FROM _____ TO _____ JOB TITLE _____ SUPERVISOR NAME _____

DATES EMPLOYED _____

DUTIES _____

SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

()

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____

FROM _____ TO _____ JOB TITLE _____ SUPERVISOR NAME _____

DATES EMPLOYED _____

DUTIES _____

SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES

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

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

COMMENTS

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 may result in rejection 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 including, but not limited to, criminal history and motor vehicle driving records. I authorize all 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 _____

RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal history, education, credentials, credit, and references.

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 laws. According to 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 reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information. 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 including the Minnesota Department of Labor.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, SCHOOL, EMPLOYER, REFERENCE, OR INSURANCE COMPANY CONTACTED BY SINGLE SOURCE SERVICES, OR ITS AGENT, TO FURNISH THE INFORMATION DESCRIBED IN PARAGRAPH 1.

This information is being verified by Single Source Services. Any information or questions should be directed to the following address:



SINGLE SOURCE SERVICES
 4 Office Park Circle • Suite 310
 Birmingham, Alabama 35223
 205/ 871-3677
 800/ 264-3677
 205/ 871-9790 FAX
 www.sssinc.org

Today's Date _____ Signature _____

The following must be filled out completely for your application to be considered.
 (Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MAIDEN NAME / OTHER NAMES USED _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ STATE DRIVER'S LICENSE WAS ISSUED _____

Notarization is required only by certain states.

If using an embossed seal, please shade with a black crayon to clearly show raised area when faxing.

Subscribed and sworn before me,

on the _____ day of _____, 20____

 Notary Public

My Commission Expires _____

EMPLOYER COMPLETE THE FOLLOWING

Employer is to complete this section and FAX or mail the release to Single Source Services.

FAX# 205/ 871-9790
800/ 396-3677

Do you want Single Source Services to FAX results? (faxed results will not be mailed)

yes no

CUSTOMER NUMBER _____

YOUR NAME _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

FAX NUMBER _____ PHONE NUMBER _____

CHECK ONES THAT APPLY Search(es) Requested:

- Worker's Comp.
- MVR (driving record)
- Criminal History (list city or county) _____
- Credit Link (applicant's home address required)
- SSN Link
- Education
- PEV (work history required)