



# APPLICATION FOR EMPLOYMENT

The Company and Employees Only, Inc. is an equal opportunity employer and is committed to recruit, employ, and promote personnel without regard to race, color, gender, age, religion, national origin, pregnancy, veteran status, or any other class protected by state or federal law and regulations pertaining to non-discrimination. All new hires are subject to form I-9 eligibility and Social Security number verification.

**PLEASE PRINT ALL INFORMATION** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Prior names under which you have worked: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Are you legally eligible to work in the US?  Yes  No Position applied for: \_\_\_\_\_

Are you over the age of 18?  Yes  No

What hours are you available for work? \_\_\_\_\_ to \_\_\_\_\_

Do you have any family members currently employed here?  Yes  No

If yes, Name: \_\_\_\_\_ Department: \_\_\_\_\_ Location: \_\_\_\_\_

Have you worked for this employer in the past?  Yes  No

**I. EMPLOYEE HISTORY** PLEASE LIST ALL EMPLOYMENT BEGINNING WITH THE PRESENT OR LAST EMPLOYER

Date of Employment	From _____ To _____		
Employer	Address & Phone		
Position	Supervisor	Starting Salary \$	Ending Salary \$
Description of Job Duties Performed:			
Reason for Leaving Employment: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other If other, please explain:			

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Reason for Leaving Employment: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Other If other, please explain:			
<p><i>(Attach additional sheets if necessary)</i></p> <p>May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, please indicate the employer(s) you do not wish us to contact and explain: _____</p> <p>_____</p> <p>_____</p>			

## II. EDUCATION

	School	Location	Areas of Study	Years Attended	Graduate (Yes or No)	Diploma, Degree or Certificate
High School						
Technical School						
College						
Graduate School						

## III. PROFESSIONAL REFERENCES

Name	Relation	Address	Phone	Years Acquainted

## IV. LICENSES & CERTIFICATIONS

License/Cert.	Date Received	Renewal Date	Issued by

## V. SERVICE HISTORY

IF YOU SERVED IN THE U.S. ARMED FORCES, PLEASE COMPLETE THE FOLLOWING

Branch of Service	Date of Discharge	Rank at Discharge

**VI. MOTOR VEHICLE LICENSE OR PERMITS**

PLEASE LIST ALL MOTOR VEHICLE LICENSES OR PERMITS YOU POSSESS

License Number	Permit Number	Personal or Commercial	State Issued	Expiration Date

Have you ever had any of your licenses/permits denied, revoked or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you been convicted of violating any motor vehicle laws or ordinances (other than parking) within the past four (4) years?  Yes  No

If yes, please explain: \_\_\_\_\_

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## AUTHORIZATION AND UNDERSTANDING

I certify that the information given here is true and complete without qualification. I understand the Company and Employees Only, Inc. may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize the Company to do the same.

If I resign or if I am terminated, I authorize the Company and Employees Only, Inc. to use any information in their possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure or information to any third party, future employer or prospective future employers without my receiving any prior notice. I release the Company and Employees Only, Inc. from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and policies of the Company and Employees Only, Inc. including, without limitation, the rules and policies contained in the Employee Handbook. I understand and acknowledge that I am an employee at will and I can be terminated with or without cause and with or without notice, at any time at the option of either the Company and Employees Only, Inc. or myself. I further understand and agree that no manager, representative, agent or employee of the Company and Employees Only, Inc. other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement which is contrary to or a modification of the above-described employment relationship and that any such agreement or representation must be in writing and signed by both myself and the President of the Company and Employees Only, Inc. in order to be effective.

I further understand that any offer of employment received is conditional until such time as the results of any required background check and/or pre-employment drug testing are known, and is further conditioned upon verification of the information contained in this application. I also understand and acknowledge that, as a part of the hiring process, if hired, I may be required to submit to a medical/physical examination to the extent necessary to determine my ability to perform the essential functions of the job, at the discretion and expense of the Company and Employees Only, Inc.

*Application forms are active for six (6) months and applicant must re-apply or reactivate their application after that period of time. Falsification, omissions, or misrepresentations of any verbal or written information on this application may result in not receiving an offer of employment, or, if hired, in the termination of employment.*

Employee Name: \_\_\_\_\_

PLEASE PRINT

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Company and Employees Only, Inc. is an at-will employer and reserves the right to terminate employment at any time with or without cause (where applicable by state law.) The Company and Employees Only, Inc. may require drug tests, cognitive ability tests, physical exams, or electronic or other tests that will be used in the employment decision. You are agreeing to such testing by signing this application. Application forms remain active for 6 months. If you are applying for another position with the Company and Employees Only, Inc. after that timeframe, you will need to re-apply. Please note that falsification on this application and any attachments including resumes can be grounds for reprimand or immediate termination. I agree that any action, claim or suit against the Company and Employees Only, Inc., its parent, subsidiaries or affiliates, arising out of my employment status or the termination of my employment, including but not limited to claims arising under state and federal civil rights statutes must be brought within 180 days of the event giving rise to the claims or they will forever be barred. I waive any limitation periods to the contrary.