

Application For Employment

We are an equal opportunity employer. We comply with all Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Positions(s) applied for _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

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

If no, please explain _____

Have you ever been employed before? Yes No

Are you legally eligible for employment in this country? Yes No

Date Available for work _____ / _____ / _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational

Are you able to meet the attendance requirements for the position Yes No

Have you been convicted of a crime in the last (7) years? Yes No

If yes, please explain _____

Driver's License number if driving is an essential job function _____ State _____

Work Experience

List present and former employers beginning with the most recent.

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARISE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	FINAL \$ PER: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

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JOB TITLE		ADDRESS	
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REASON FOR LEAVING		HOURLY RATE/SALARY	FINAL \$ PER: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

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AN EQUAL OPPORTUNITY EMPLOYER

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.

Record of Education (IF JOB RELATED)

HIGH SCHOOL

SCHOOL NAME	YEARS COMPLETED	COURSES AND STUDIES
ADDRESS	YEAR OF GRADUATION	

COLLEGE

SCHOOL NAME	YEARS COMPLETED	COURSES AND STUDIES
ADDRESS	YEAR OF GRADUATION	

OTHER

SCHOOL NAME	YEARS COMPLETED	COURSES AND STUDIES
ADDRESS	YEAR OF GRADUATION	

Personal References (NOT A FORMER EMPLOYER)

PERSONS FIRST NAME and LAST	RELATION	PHONE NUMBER	YEARS KNOWN
PERSONS FIRST NAME and LAST	RELATION	PHONE NUMBER	YEARS KNOWN
PERSONS FIRST NAME and LAST	RELATION	PHONE NUMBER	YEARS KNOWN

TO BE COMPLETED BY ALL APPLICANTS - PLEASE READ CAREFULLY BEFORE SIGNING.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTEREST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY PRIOR ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANIES POLICY TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE THAT PERSONS NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA..

I UNDERSTAND THAT IF I'M HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORISATION.

Your signature acknowledges you have read and agree to the material above.

APPLICANT'S SIGNATURE _____ DATE _____

Authority to Release Information Form _____

We appreciate your interest in employment with Arbeit, Inc. As a condition to the processing of your application, a routine inquiry into your background will be made. This inquiry includes information on an applicant's character, general reputation, personal characteristics and mode of living. In order for us to be able to adequately evaluate your application, we must have access to a substantial amount of background information. You have applied for a position of trust. We must determine if you are worthy of that trust. Further information on the nature and scope of such an inquiry if one is made, is available to you upon written request.

Please read the following statement and indicate your agreement by signing.

I hereby authorize Arbeit, Inc. or any other authorized representative of the company bearing this release, or copy thereof within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, law enforcement, medical or educational records. I hereby direct you to release personal history and disciplinary records. I hereby direct you to enclose such information upon request of that bearer. This release is executed with the full knowledge and representation that the information will be used in connection with the consideration of my employment by Arbeit, Inc. I hereby release you as the custodian of such records, and any school, college, university or other credit bureau, law enforcement agency, landing institution, consumer reporting agency, or retail business establishments including without limitation its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to be my heirs., family or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

PRINT FULL NAME _____ DATE _____

SIGN FULL NAME _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH MONTH DAY YEAR _____

TELEPHONE NUMBER _____

WITNESS SIGNATURE _____