Application for Employment



Company Name	 Date	
	_	

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Telephone Number () Alternate or Cellular Telephone Number ()
Present Address
Street, Apartment, or Unit Number
City State Zip
How long have you lived there/ Years/Months
Email Address (optional)
Desired Salary/Hourly Rate If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No No
Type of employment desired? Full-time □ Part-time □ (Specify Hours)
Are you willing to work overtime? Yes No Date on which you can start work if hired
Have you previously applied for employment with this Company? Yes □ No □
If Yes, when and where did you apply?
Have you ever been employed by this Company? Yes □ No □ If Yes, provide dates of employment, location, and reason for separation from employment.

Do not ask these questions/use this application if the employer is a vendor to the City of Hartford, CT.

CRIMINAL HISTORY

Applicants in the City of **Philadelphia**, Pennsylvania and the States of **Hawaii** and **Massachusetts** must <u>not</u> answer either of the questions below.

Other Applicants: Only answer questions below as instructed.

All Applicants must <u>not</u> include convictions that were sealed, eradicated, erased, annulled or expunged, or convictions that resulted in referral to a diversion program when responding to these two questions.

Question One:

California Applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

District of Columbia and Washington Applicants: Do not include misdemeanor convictions over 10 years old.

Indiana Applicants: Do not include misdemeanor convictions over one year old.

Ohio Applicants: Do not include convictions for misdemeanor possession of controlled substances.

Minnesota Applicants: Do not include misdemeanor convictions over 15 years old.

Nevada Applicants: Only include misdemeanors that resulted in imprisonment.

Utah Applicants: Do not answer this question.

1 Have you ever b	lead no contest, nolo contendere, o	or quilty to a mis-	demeanor crim	or been	∃Yes □ No
convicted of a misde		or guilty to a mis-		e, or been L	ites 🗆 NO
Question Two:					
Indiana Applicants: D	and Washington Applicants: Do not to not include felony convictions over as: Do not include felony convictions over	one year old.	nvictions over10	years old.	
2. Have you ever ple a felony crime?	ead no contest, nolo contendere, or g	uilty to a felony c	rime, or been co	onvicted of]Yes □ No
employment. The Co functions and qualificathe crime, the application business necessity of	"yes" to either question one or ome mpany will consider the nature of thations, the number of occurrences, the cant's entire work and educational hany exclusion when required by state	e crime, its serione applicant's agentistory, employme, local, or federal	usness, the subsect at the time of the ent references law.	ostantial relation the crime, the and recommon	on to the position time elapsed since endations, and the
If you answered yes	to either of the two preceding question	ns, please give d	ates and details	for each incid	ent:
	sal skills that you feel qualify you for the ge, software, equipment operation, specific software. School Name and Location (Address, City, State)			(for example, of the state of t	computer Degree/Major
	(Address, City, State)	Study		Completed	
High School					
College					
Bus./Tech./Trade or Post College					
Honors Received					
If applicable, list below	w any other names by which you have record. For example, change of name				us to confirm you
					· · · · · · · · · · · · · · · · · · ·

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Name		Address			Туре	of Busi	ness
Telephone ()		Dates Employed	From/	/	_ To	/	
Job Title		Duti	es				
Supervisor's Name		May	we contact? ☐ Ye	s □ No I	f No, why	/ not?	
Wages Start	_ Final	Reason for Leaving					
What will this employer say	y was the reas	on your employment terminated?					
How much notice did you	give when resi	gning? If none, explain.					
Employer							
Name		Address			Туре	of Busi	ness
Telephone ()		Dates Employed	From/	/	_ To	/	/
Job Title		Duties					
Supervisor's Name		May we d	contact? Yes 1	lo If No,	why not?		
Wages Start	_ Final	Reason for Leaving					
What will this employer say	y was the reas	on your employment terminated?					
How much notice did you	give when resi	gning? If none, explain.					
Employer							
Name		Address		·	Туре	of Busi	ness
Telephone ()		Dates Employed	From/	/	_ To	/	
Job Title		Duti	es				
Supervisor's Name		May	we contact? ☐ Ye	s □ No I	f No, why	/ not?	
Wages Start	_ Final	Reason for Leaving					
What will this employer say	y was the reas	on your employment terminated?					
How much notice did you	give when resi	gning? If none, explain.					
	ver been tern	sked to resign from any job? innated by mutual agreement? to resign rather than be termina	⊒ Yes □ No If	Yes, how	v many t	times? _	

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co- worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Applicant Signature ______ Date _____/____/

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

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