

Employment Application





Advanced HR and the listed work-site employer are Equal Opportunity Employers. All applications for employment are considered without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. Failure to complete this application in its entirety will result in this application to not be processed. This application will remain active for ____ days.

Worksite Employer

ame:				Social Sec. #:	-	
ddress:				_ Phone: ()		
river's License #:				State:		
clude Driver's License information if position include	les driving as a j	ob function				
re you 18 or older? Yes No	If you are	e less than	18 years of age, p	lease state your age: _		
/ere you previously employed by us? Yes	s No		If ye	es, dates and location: _		
re you eligible for employment in the USA?	Yes	No	(Proof of eligibilit	y will be required.)		
ames of friend(s) or relative(s) employed by u	us:					
MPLOYMENT DESIRED						
osition Desired:		Dat	e you can start:			
alary Required:		Hov	w did you hear of t	his job?		
urrently Employed?	Yes No	Cai	ո we contact your լ	present employer?	Yes	No
required, can you work overtime?	Yes No	Are	there any days yo	ou cannot work?	Yes	No
<u>DUCATION</u>						
School Level Na	ame And Loca	tion Of Sch	ool			No. Year Attended
High School						
College or Vocational						
ILITARY SERVICE						
ere you in the U.S. Armed Forces? Yes	No		If yes, what bran	ch?		
ate of Duty: From:To:		at discharg				

				Telephone Number	Job Description:			
					Starting Salary	Pages F!		
-	Street Address		Employed	_	Reason For Leaving			
	City	State	Zip	From:	Final Salary	Name Of Sup	pervisor	
2.	Employer	r		Telephone Number	Job Description:			
	Street Add	Iress		Employed From:	Starting Salary	Reason For L	_eaving	
-	City	State	Zip	То:	Final Salary	Name of Sup	ervisor	
3.	Employer	٢		Telephone Number	Job Description:	1		
	Street Add	lress		Employed From:	Starting Salary	Reason For L	_eaving	
	City	State	Zip	То:	Final Salary	Name of Supervisor		
EFE!	RENCES	(Give the names	of three people	not related to you, whom	you have known at lea	ast one year.)		

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Acknowledgement and Agreement

I certify that all statements given on this application are true and correct to the best of my knowledge. I agree that any false statements, misrepresentations or omissions of fact during the hiring process, may be grounds for denial of employment or if hired before discovery, my employment may be subject to termination.

I freely and voluntarily agree to submit to a drug test at any time as may be allowed by state or federal law as part of my application for employment and that any offer of employment is conditional upon passing said pre-employment testing. I also understand and agree that Advanced HR and/or my worksite employer reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that refusal to submit to said drug and/or alcohol testing as are permitted by law, or the positive testing for prohibited drugs and/or alcohol in accordance with standards established by either state or federal law, may result in disciplinary action, including immediate suspension or termination of employment. Further, I understand that you may be requesting information from various federal, state, or other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I understand and agree that if hired, I have the right to resign my employment at any time, with or without cause and that my employment may be terminated with or without cause or notice. I understand that this acknowledgement supersedes any prior oral or written understanding. I understand that Advanced HR and/or the worksite employer may contact my previous employers, unless otherwise stated, and I authorize employers to disclose all records and other information pertinent to my employment and release them from liabilities that may result from such disclosure.

I authorize,	without reservation,	, any party or agency	y contacted by this em	ployer to furnish the	above-mentioned information.

Date:	Signature:



INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that in connection with my application for employment and, if hired, during my employment, a consumer report may be requested for employment purposes. All inquiries will be handled in compliance with applicable law including provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries. The report may include, but is not limited to, the following areas:

Verification of social security number; current/previous residences; employment history; education including transcripts; character references; credit history and reports when applicable; criminal records from any criminal justice agency in any/all federal, state, county, jurisdictions; motor vehicle records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, or personal characteristics.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer(s), individuals, or institutions. In exchange for the consideration of my employment application by Advanced HR, I hereby release and forever discharge, without reservation, Advanced HR (including its directors, officers, employees, its agents, contractors, and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities that may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be valid as original.

THIS INFORMED CONSENT AND RELEASE PROVIDES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.

Signature of Applicant							
Printed Name ar	nd Date						
Position Applied Fo	or						
Job Related Backg Credit	round Requirements: Statewide Criminal		County Criminal		MVR		
References	Workers' Compensation		Education				