## hire-authority

Equal Employment Opportunity Policy: It is the policy and practice of the company to abide by all anti-discrimination laws provided for by federal, state, and local statues and regulations. It is also the policy and practice of the company to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the company to hire, train, promote, compensate and administer all employment practices without regard to race, color, religion, sex, national origin, age, marital status, medical condition, veteran status, sexual orientation, or disability unrelated to the ability to perform the essential functions of a job. Furthermore, the company is committed to complying with the Americans With Disabilities Act. If you believe you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact that you have a disability, please notify the company within three (3) days of your application of your specific needs for a reasonable accommodation so that the company can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation from an appropriate professional (e.g., a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation is requested.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. If you need more space for your answers, please attach a separate sheet. Feel free to add any additional information, which will help us in placing you where you are best qualified. Please print in ink or use a typewriter. \_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_ State Work Phone No.\_\_ Street Home Phone No. EMAIL ADDRESS: \_\_\_\_\_ Cell Phone and/or Pager No.\_\_\_\_ E-mail account: \_\_\_\_\_\_
Area Code & Phone No. Notification of Emergency: \_\_\_\_ Contact Other names under which you have been employed: How did you hear about us: Are you willing to relocate? yes no. If yes, within state or outside state? **EDUCATION** Name & Location of School Diplomas, Degrees Type High School Vocational/Technical College/University Graduate School Other PROFESSIONAL REFERENCES Phone: **CERTIFICATION** Number\_\_\_\_ Number State Number If the answer to any of the following questions is yes, please provide details on a separate sheet. An answer of yes will not disqualify an applicant for job consideration. 1. Have you ever been convicted of a criminal felony or misdemeanor (except minor traffic offenses)? 2. Has your license ever been investigated, suspended, or revoked? 3. Have there been or are there any current, pending investigations, incidents, claims, suits, settlements, or arbitration proceedings? 

## EMPLOYMENT PROFILE Please document employment history for at least the prior 5 years

May we contact your present employer? yes no		
Present Employer:	Previous Employer:	
Address:	Address :	
Telephone: ( )	Telephone: ( )	
Employment Dates: From: To:	Employment Dates: From:	To:
Position Held:	Position Held:	
Immediate Supervisor:	Immediate Supervisor:	
Pay Rate: Start: Current:	Pay Rate: Start:	
Reason for leaving:	Reason for leaving:	
Previous Employer:	Previous Employer:	
Address:	Address:	
Telephone: ( )	Telephone: ( )	
Employment Dates: From: To:	Employment Dates: From:	To:
Position Held	Position Held:	
Immediate Supervisor:	Immediate Supervisor:	
Pay Rate: Start: Finish:	Pay Rate: Start:	Finish:
Reason for leaving:	Reason for leaving:	
I understand, agree, and acknowledge that any employment relationship that may result from th any time and for any reason and that the company may terminate my employment at any time at acknowledge that no employee of the company has any authority whatsoever to make any promelationship that may result between myself and the company.  Applicants Initials:	nd for any reason with or without cause. I also i	inderstand, agree, and
In the event of my potential employment, I understand, agree, and acknowledge that; (1) any fall this job application form, or in interviews may result in my discharge at any time in the future; (company if I am hired; (3) I authorize the investigation of all statements by the company and/or as may be necessary in arriving at any employment decision with respect to my application; (4) months, and should I wish to be considered for employment beyond this time period I agree to sdrug screen, and I acknowledge that if at anytime the company may withdraw and revoke any ocontained in this application or obtained by Hire-Authority pursuant to its credentials verificatio (7) I authorize Hire-Authority to run a background investigational screening. I certify that all at knowledge.  Applicants Initials	(2) I am required to abide by all personnel policits agents contained in this application, my résurthis application shall be considered active for a submit an additional application in the future; (5) after of employment; and (6) I authorize Hire-Author process to any affiliate, customer, payor, or compared to the content of the conte	es, rules, and regulations of the mé, or made during any interview period of time not to exceed six ) I consent to a pre-employment athority to release information ontractor of Hire-Authority; and
Signature:	Date:	