

# Application for Employment Office

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age marital status or non-job-related disability.*

*I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and me in writing.*

Date:	Position Applying for:	Pay Expectation:
Name: Last, First Middle	Email:	
Current Address		
Street:	City:	State:
Zip Code:	Telephone:	How Long:
Previous Address		
Street:	City:	State:
Zip Code:	Telephone:	How Long:

Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

## Education

	School Name/Location	Degree Earned	Graduated
Did you complete a high school or GED program?			Yes No
Did you complete a college or degree program?			Yes No

## Military Experience

	Branch	Year Completed	Means of Discharge
Did you ever serve in the U.S. Armed Forces?			

## Employment Information (10 years)

Employer Name: <b>Last Employer</b>		Position:		
Street:		City:		State:
Zip Code:	Telephone:	From:	To:	Final Pay:
Reason for Leaving:				

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)  
AND REASON. \_\_\_\_\_

**Employment Information (contd.)**

Employer Name: <b>2<sup>nd</sup> Last Employer</b>				Position:	
Street:			City:		State:
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

**Employment Information**

Employer Name: <b>3<sup>rd</sup> Last Employer</b>				Position:	
Street:			City:		State:
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_

Have you ever worked for this company? (If YES, please complete)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Position:		
Reason for Leaving:				

How did you hear about his position? \_\_\_\_\_

What days and times are you available to work? \_\_\_\_\_

If needed, are you available to work over time? ☐ Yes ☐ No

If hired, what date are you available to start work? \_\_\_\_\_

Do you have reliable transportation to and from work? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying with or without accommodations?

☐ Yes ☐ No

*Note: Brackenbox complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

**TO BE READ AND SIGNED BY APPLICANT**

**Initials** \_\_\_\_\_ I authorize you to make investigations and inquiries to my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

**Initials** \_\_\_\_\_ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

**Initials** \_\_\_\_\_ I understand that employment with Brackenbox is "at will." This means my employment can be terminated at any time for any reason, with or without cause, without without notice, by myself or by the Company.

**Initials** \_\_\_\_\_ I acknowledge that no oral or written statements or representations regarding my employment can alter my at will employment status, except for a written statement signed by myself and either the President or Vice-President of the Company.

**Initials** \_\_\_\_\_ In accordance with the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purpose.

**Initials** \_\_\_\_\_ This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_