

Employment Application

Applicant Name _____

Date _____

Important- Please Read:

Thank you for your interest in _____ . _____ complies with all federal, state and local employment laws and does not discriminate based on any protected characteristic or status. _____ policy requires that all people interested in employment complete a written application. **A resume alone is not sufficient.** Applicants will be rejected if the application isn't filled out 100% to its entirety and excludes any of the following information: 1) Complete employment history including phone numbers, dates of employment, company name, and reason for leaving, 2) Completed and signed authorizations for background check 3) Signature of applicant 4) Complete and truthful response to all inquiries.

General Information

Position Applied For: _____ Telephone Number () _____

Name: _____

Previous Names: _____
(last) (first) (middle)

Address: _____

Please list your previous addresses in the last 5 years:

Have you ever pleaded guilty to or been convicted of a misdemeanor, felony or other offense (including military court-martials)? Yes No

If yes, provide further information as to the offense(s), date, location of court, etc. Include traffic convictions. _____ will consider your record only as it may substantially relate to, or as otherwise permitted by law. Attach additional sheets if necessary.

Year

County/State

Violation

Employment History - Please note: resumes are welcome but cannot be used as a substitute for the information below. Please list your employment history for the past 10 years. Attach additional pages if necessary. An applicant will not be considered for employment if any of the required information is not submitted, or if any of the information is incorrect. Please print all information legibly.

Employer _____ Telephone (____) _____
Dates Employed: From _____ To _____
Address _____ Job Title _____
Rate of Pay \$ _____
Immediate Supervisor & Title _____
Summarize Job
Responsibilities _____

Reason for Leaving _____

Employer _____ Telephone (____) _____
Dates Employed: From _____ To _____
Address _____ Job Title _____
Rate of Pay \$ _____
Immediate Supervisor & Title _____
Summarize Job Responsibilities _____

Reason for Leaving _____

Employer _____ Telephone (____) _____
Dates Employed: From _____ To _____
Address _____ Job Title _____
Rate of Pay \$ _____
Immediate Supervisor & Title _____
Summarize Job Responsibilities _____

Reason for Leaving _____

Employer _____ Telephone (____) _____

Dates Employed: From _____ To _____

Address _____ Job Title _____

Rate of Pay \$ _____

Immediate Supervisor & Title _____

Summarize Job Responsibilities _____

Reason for Leaving _____

Personal References: Please list the names along with home and work phone numbers of 2 people you have known at least one year. Do not list relatives.

1. _____

2. _____

AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek and to verify and supplement the information set forth in the application. I release from all liability or legal claims that every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired; I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substances or other drugs.

I understand this application will be considered inactive after sixty (60) days. If I have not been hired by _____ within such time, and if I am still interested in employment with _____, I understand that I will need to re-apply.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

Signature of Applicant _____ **Date** _____

THIS IS YOUR FORM TO KEEP

Thank You for your interest in

beginning a career today that can grow with you in the future, we encourage you to look into becoming part of

If you are interested in

team. If hired Company may

request reimbursement for any charges related to hiring of individual

Training consists of:

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of HrChex, or other authorized representative there of bearing this release to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution
9. Any law enforcement certification or licensing board of Texas or any other state.

Exceptions to this blanket authorization are as follows:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).

2. _____ This release is executed to authorize HrChex as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration /of my employment and shall not be further disseminated for any purpose.

Date

Signature (Full Name)

_____/_____/_____
Date of Birthday

_____/_____/_____
Social Security Number*

Address (Street and Number)

City State Zip

Date-of-Birth and Social Security Number information will be used only to verify that information obtained pertains to the Applicant. It will not be used as a factor in connection with any employment-related decision.

DISCLOSURE REGARDING OBTAINING CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employment policy, HrChex may obtain a consumer report or an investigative consumer report for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may include information as to your character, general reputation, personal characteristics and mode of living. The inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, and references. You have the right to request additional disclosures under federal law, including a summary of rights under the Fair Credit Reporting Act. Upon your request, made within a reasonable time, HrChex will disclose the nature and scope of the investigation requested. HrChex will send this information within 5 business days of receiving your written notice.

This disclosure is made pursuant to the Federal Credit Reporting Act, 15 U.S.C. 1681(d).

AUTHORIZATION TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

I authorize HrChex to obtain a consumer report and/or investigative consumer report for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that the inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, and references. I understand and confirm that this notification and authorization has been read and understood by me and that it becomes a part of the employment application.

Name of Authorizing Applicant (please print)

Signature of Authorizing Applicant

Date _____

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2).