

APPLICATION OF EMPLOYMENT

The company is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service or other characteristics protected by law.

Position Sought: _____

Personal Information

Name: _____ / _____ / _____
Last First Middle-

Current Address: _____ / _____
Street (include house, apt number) City
/ _____ / _____
State Zip Code

Telephone: () _____ E-mail: _____

Social Security Number: _____ Date of Birth ___/___/____ Phone /Cell: _____

Are you at least 18 years old? Yes () No () Are you authorized to work in the US? Yes () No ()

Do you now, or will you in the future, require sponsorship for employment visa status? Yes () No ()

Date you can start work: _____ Day availability: Mon, Tues, Wed, Thurs, Fri, Sat. Sun

Have you applied for employment with the company before? Yes () No () – When: _____

Have you ever worked for the company before? Yes () No ()

If hired, may you provide proof of citizenship or legal right to work in the US? Yes () No ()

If hired, do you possess a reliable transportation? Yes () No ()

If hired, are you willing to travel outside the State? Yes () No ()

Are you able to take a pre-employment Drug Test? Yes () No ()

If hired, do you require any special accommodations? Yes () No ()

List any Physical Disabilities (if any) _____

Have you sustained a work related injury that required medical attention? Yes () No ()

Have you missed work due to a work related injury? Yes () No ()

Do you have any hearing impairment? Yes () No ()

Do you wear hearing aids? Yes () No ()

Last 2 Employments:

- Company: _____
 - Years of service: _____
 - Last Salary: _____
 - Reasons for termination: _____
 - Reference / Supervisor : _____
-
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 - Years of service: _____
 - Last Salary: _____
 - Reasons for termination: _____
 - Reference / Supervisor : _____

Have you ever been involuntarily terminated or asked to resign from employment? Yes () No ()
Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting / assault, violation of safety rules, or other inappropriate conduct?
Yes () No () if so, give employer name, etc.: _____

Criminal History:

Have you ever been convicted of any violation (s) of civil or Military Law? Yes___ No ___
Have you been convicted of (or pleaded guilty or no contest to or paid a fine for ANY criminal offense of ANY type whatsoever (this includes but is not limited to felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances) ? Yes___ No___
If yes, list offenses, dates and conviction/plea, city/state of conviction _____

Do to previous contractual requirements:

Have you ever been convicted of a felony and or a crime involving sexual conduct toward a minor, or a crime involving moral turpitude? Yes ___ No___
Have you ever been listed on the Virginia Sex Offender Registry, or a similar registry in any other State or Country?
Yes___ No___
If so, give the name of the employer, date and description of incident _____

Education & Experience:

1. Elementary ___ High School ___ Associate ___ Undergraduate ___ Graduate ___
2. Certifications ___ Please list : _____
3. Spoken Languages: English ___ Spanish ___ Cantonese ___ Mandarin___
4. Military Service? Yes ___ No___ - Rank at date of Discharge_____
5. Are you a present member of the National Guard or the Reserve? Yes ___ No___

Important Information

I authorize investigation of all information contained in this application. I understand that (I) misrepresentation or omission of facts on this application is cause for dismissal, (ii) employment is for no definite period and may be terminated at any time without any previous notice; and (iii) hire and continuation of employment is subject to the Company's program to provide a drug free workplace.(iv) I expressly authorize any present or former employer, school, college or university, utility company, credit or finance bureau, personal reference, chief law enforcement officer, any member of any local, state, or federal law enforcement agency, or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided

I understand that, fi hired, my employment will be strictly "at will". That means that my employment is for an indefinite period and that either the company or I may terminate the employment at any time, for any or no reason, with or without notice. I further understand that no verbal statement or statements in any company policy or procedure manual, employee handbook or other document shall be constructed to have altered the at-will nature of my employment. NO company manager or representative shall be authorized to make any representation to the contrary.

I understand that this application will be active only for a specific position identified above and only during the period that company I seeking to fill the current opening(s) and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and or alcohol and drug testing. Applications are retained until the end of the month in which they are received. You must re-apply if you wish to be considered for employment next month.

Signature

Date

Employment Application Supplemental Form

Driving History- Required for Company Drivers

Driving History

If the position you seek requires you to drive a vehicle:

Do you have a valid driver's license? Yes () No ()

If yes, list state, DL number and expiration Date: _____

List all the states which you have held a driver's license and dates held: _____

Has your driver's license, permit, or privileges ever been suspended, revoked, or cancelled? Yes () No ()

If yes, list states, dates and reasons: _____

Have you ever been denied a driver's license, permit, or privilege to drive by a government agency or employer
Yes () No () If yes, list dates, government agency, employer and reason(s):

Have you ever been charged with any traffic – related offenses? Yes () No ()

If the position you seek requires you to operate a commercial motor vehicle, please provide names of all
employers for whom you operated a commercial motor vehicle in the past 7 years? _____

During the previous two years, have you:

1). Had an alcohol test result of 0.04 alcohol concentration or greater? Yes () No ()

2). Had a verified positive controlled substance test results? Yes () No ()

3). Refused to take an alcohol or drug test? Yes () No ()

4). If required, may you provide us with copy of your DMV record? Yes () No ()

Signature: _____

Date: _____