

# Application for Employment



## Personal information

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other names under which you have been employed: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Mobile phone: ( \_\_\_\_ ) \_\_\_\_\_ Home phone: ( \_\_\_\_ ) \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If not, what is your age? \_\_\_\_\_

If employed, can you submit verification of your legal right to work in the United States?  Yes  No

Have you worked for this company before?  Yes  No If yes, give dates: \_\_\_\_\_

Do you have any friends or relatives employed by this company?  Yes  No

If yes, state name(s): \_\_\_\_\_

Have you ever been convicted of a crime (i.e. misdemeanor or felony)?  Yes  No

If yes, please type crime: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*You will not be necessarily be disqualified from employment solely because of a conviction.*

## Employment desired:

What position are you applying for? 1st choice \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Date available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Full time  Part time Desired rate of pay: \_\_\_\_\_

## Employment desired:

	SCHOOL AND/OR BRANCH OF SERVICE	CITY/STATE	LEVEL ATTAINED/DEGREE
High School:	_____	_____	_____
College:	_____	_____	_____
U.S. Military:	_____	_____	_____
Trade School:	_____	_____	_____

Additional skills and qualifications: \_\_\_\_\_

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## References

Please provide three professional references who have known you for at least two years.

	NAME	ADDRESS	PHONE	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## Employment history

Please provide employment history for the past seven years. List the most recent employer first. Account for any periods of unemployment between positions in the space provided.

EMPLOYER NAME & ADDRESS _____ _____	POSITION TITLE/DUTIES/RATE OF PAY _____ _____	DATES EMPLOYED: From _____ To _____
		REASON FOR LEAVING: _____
		SUPERVISOR'S NAME: _____ PHONE: _____

EMPLOYER NAME & ADDRESS _____ _____	POSITION TITLE/DUTIES/RATE OF PAY _____ _____	DATES EMPLOYED: From _____ To _____
		REASON FOR LEAVING: _____
		SUPERVISOR'S NAME: _____ PHONE: _____

EMPLOYER NAME & ADDRESS _____ _____	POSITION TITLE/DUTIES/RATE OF PAY _____ _____	DATES EMPLOYED: From _____ To _____
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EMPLOYER NAME & ADDRESS _____ _____	POSITION TITLE/DUTIES/RATE OF PAY _____ _____	DATES EMPLOYED: From _____ To _____
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		SUPERVISOR'S NAME: _____ PHONE: _____

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EMPLOYER NAME & ADDRESS	POSITION TITLE/DUTIES/RATE OF PAY	DATES EMPLOYED:
		From _____ To _____
		REASON FOR LEAVING:
	SUPERVISOR'S NAME: _____	PHONE: _____

EMPLOYER NAME & ADDRESS	POSITION TITLE/DUTIES/RATE OF PAY	DATES EMPLOYED:
		From _____ To _____
		REASON FOR LEAVING:
	SUPERVISOR'S NAME: _____	PHONE: _____

EMPLOYER NAME & ADDRESS	POSITION TITLE/DUTIES/RATE OF PAY	DATES EMPLOYED:
		From _____ To _____
		REASON FOR LEAVING:
	SUPERVISOR'S NAME: _____	PHONE: _____

*Incomplete or inaccurate employment applications will not be considered for employment. All the responses made on this application are true and correct to the best of my knowledge. I understand that if I make false statements, misrepresentations or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment. I agree to hold this company and any persons named herein harmless in that event.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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1. I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with The Discovery. I acknowledge that The Discovery has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, and conviction records. I hereby agree to hold The Discovery, its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.
2. In the event that employment is granted, The Discovery, as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.
3. In the event that employment is granted, I agree and understand that I may, at the request of The Discovery, be required to work overtime.
4. In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.
5. I understand that if The Discovery employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, The Discovery, is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within The Discovery's best interest. No supervisor or representative of The Discovery other than the Executive Director has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Nothing in The Discovery's employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, this certifies that I completed this application and that all entries on it are true and complete. I realize that if I have made any omissions or misrepresentations on this employment application form or any other employment related paperwork it could be grounds for immediate dismissal.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Application for Employment continued

### Drug Testing Program Notice to Application

The Discovery has a vital interest in maintaining safe, healthful, and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.**

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug testing as a condition of our employment offer as well as to alcohol and drug testing during the course of employment as provided for in The Discovery's Drug and Alcohol Policy. The applicant further understands and agrees to release The Discovery and its directors, officers, agents, employees, parents, and subsidiaries, and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by The Discovery in whole or in part, based upon the results of drug and alcohol testing. Submission of an altered or adulterated specimen or the substitution of a specimen by the applicant will result in a withdrawal of the employment offer.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH THE DISCOVERY.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_