

Employment Application

Employment Application					Last Name, First Initial:
Personal Information					
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Cell number		E-mail address			
Social security number		Driver's license number/state/expiration			
Employment Desired					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
Education					
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma	Today's Date:
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 6):					
.....					
.....					

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. Please you back if addition space is needed. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
				
				
2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
				
				

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Employment History

3.

Employer	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip	Starting Salary	Ending Salary	2.
Phone number			3.
Fax number	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

4.

Employer	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip	Starting Salary	Ending Salary	2.
Phone number			3.
Fax number	Supervisor(s)		4.
Job position(s)	E-mail address of supervisor		
Reason(s) for leaving			
What value did you add to this company or its customers?			

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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to our company?

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Describe what you believe are the most unique features of your work history:

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Additional Information

Have you ever been employed with this company before? Yes No
 If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
 If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No

If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(D U I)" Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

If hired, do you have a reliable means of transportation to and from work? Yes No

Have you ever been convicted of a felony or misdemeanor Yes No

If Yes, Please explain:

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

NH Only report those convictions that have taken place in the past seven (7) years. Convictions, which have not been annulled, will not necessarily disqualify you from employment.

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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date

**PRE-EMPLOYMENT INFORMATION DISCLOSURE
NOTICE AND ACKNOWLEDGEMENT**

JOB SITE: _____

EMPLOYER: _____

Full Name: _____ SS#: _____

Any other name(s) used in the past or present: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Date of Birth: _____

In applying for employment with Ricci Supply Co Inc, I hereby authorize the Company, or any designated agent(s) working on the Company's behalf, including but not limited to reporting agencies or professional investors to obtain and review those reports checked off below as well as following up on information presented in the reports. The Company or its agents may also request these reports and information during the course of any employment as a condition of continued employment. My consent extends to any possible investigations performed during the course of the employment, including those related to complaints of discrimination, harassment, theft or other conduct.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I understand the nature and scope of said inquiries may include, but are not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; social security number, education; workers' compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status (including consumer credit reports); and any other information available from any public or otherwise documented record. It may also include inquires regarding any past or present business, professional or personal activities.

I hereby state that to the best of my knowledge all information I have provided to the Company, and any reporting agency, in any form, is true and accurate. I understand that any misrepresentation made to the Company or reporting agency by me will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Company if I am hired or advanced by the Company before such misrepresentation is discovered. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment by the Company. It is also understood that the Company operates under an "at-will" employment policy and that this authorization and release does not alter or affect this policy in any manner.

Please read each statement closely and initial each acknowledging your understanding

Authorization to Obtain Criminal Information

_____ I hereby authorize the Company, reporting agency or investigator to request, obtain and examine any and all records that may relate to my arrest, conviction and/or imprisonment at any time prior to this date, to the extent permitted by law

Authorization to Obtain Credit Report

_____ I hereby authorize the Company, reporting agency or investigator to make inquiry into, investigate, and examine any and all records that may relate to my current or past credit worthiness; such information to include (but not be limited to) a retail credit report provided by any of the commercial retail credit reporting companies.

Authorization to Obtain Background Report

I hereby authorize the Company, reporting agency or investigator to request an employment background report.

Authorization to Obtain Educational Background

_____ I hereby authorize the Company or reporting agency to request an educational background report.

Authorization to Obtain Motor Vehicle Records

_____ I hereby authorize the Company, reporting agency or investigator to acquire and examine a copy of my current Motor Vehicle Record.

Authorization to Obtain Past Workers

Compensation History and Medical Information

_____ I hereby authorize the Company, reporting agency, investigator or physician to acquire and examine, after a conditioned job offer, information about past workers compensation claims and medical history.

Authorization to Conduct Post-Hire Investigation

_____ I hereby authorize the Company, reporting agency or investigator to obtain reports or conduct investigations as a condition of continued employment. For information on your rights under the Fair Credit Reporting Act, please go to www.ftc.gov.

EMPLOYEE REFERENCE REQUEST RELEASE

I, (employee), hereby authorize _____ (former employer) to release any and all references and records related to my past employment and work history to (prospective employer). I release and discharge both my former and prospective employers from any and all claims or actions related to this Employee Reference Request and any related exchange of records or other communications concerning my past employment.

_____ Signature

_____ Date

Printed Name (Last, First, MI)

Social Security Number

Please answer the following questions as thoroughly as possible regarding the above named individual and their employment with your company. Thank you for your assistance.

Start Date	End Date	Final Position/Title
Final Salary	Time in Final Pay Grade	Your Relationship to Employee
Position Summary:		
Essential Job Functions:		
Reason for Leaving:		
Is this Individual Eligible for Rehire? Yes No If no, please explain:		
Please Describe this Individual's Most Valuable Attributes:		
What Is Your Opinion of this Individual's Ability to Add Value to Our Company?		
Signature:		Date:
Printed Name:		Title:

