

Application for Employment



PLEASE PRINT

CURRENT AS OF 4/02

Equal access to programs, services, and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If necessary, best time to call you at home is.....:____ AM
PM

May we contact you at work? Yes No

If yes, work number and best time to call(____):____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____/____/____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country Yes No

Date available for work ____/____/____ What is your desired salary range?..... \$ _____

Type of employment desired..... Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number (if driving is an essential job function) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER		TELEPHONE # ()		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
				FROM	TO	
ADDRESS						
STARTING JOB TITLE/FINAL JOB TITLE				HOURLY RATE/ SALARY		
				STARTING		
IMMEDIATE SUPERVISOR AND TITLE				\$	PER	
REASON FOR LEAVING				HOURLY RATE/ SALARY		
				FINAL		
MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$	PER	

EMPLOYER		TELEPHONE # ()		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
				FROM	TO	
ADDRESS						
STARTING JOB TITLE/FINAL JOB TITLE				HOURLY RATE/ SALARY		
				STARTING		
IMMEDIATE SUPERVISOR AND TITLE				\$	PER	
REASON FOR LEAVING				HOURLY RATE/ SALARY		
				FINAL		
MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$	PER	

EMPLOYER		TELEPHONE # ()		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
				FROM	TO	
ADDRESS						
STARTING JOB TITLE/FINAL JOB TITLE				HOURLY RATE/ SALARY		
				STARTING		
IMMEDIATE SUPERVISOR AND TITLE				\$	PER	
REASON FOR LEAVING				HOURLY RATE/ SALARY		
				FINAL		
MAY WE CONTACT FOR REFERENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER	\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS

List any additional information you would like us to consider. _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____



APPLICANT IDENTIFICATION FORM

TO: All Applicants

FROM: Ops Plus, Inc.

In an effort to comply with government record keeping requirements, we ask that you complete this form. Completion of the form is voluntary. Failure to complete the form or the answers provided will not be used in determining your eligibility for employment. This information will be kept separate from your employment application and will be kept confidential. We consider all applications without regard to race, religion, sex, national origin, age, disability or veteran status.

NAME: _____

POSITION APPLIED FOR: _____

DATE: _____

Please circle the correct answers:

Referral Source:

- A. Agency (list name) _____
- B. Walk-in
- C. Employee referral (name of employee) _____
- D. Newspaper advertisement
- E. Other (specify) _____

Race:

- A. White (Caucasian)
- B. Black or African American
- C. Hispanic (White race only)
- D. Hispanic (all other races)
- E. Asian
- F. Native Hawaiian or Other Pacific Islander
- G. American Indian or Alaska Native (must maintain tribal affiliation)

Sex:

- A. Female
- B. Male

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") OPS PLUS Inc. will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to OPS PLUS Inc.. OPS PLUS Inc. uses Abso, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to OPS PLUS Inc. and Abso.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by OPS PLUS Inc. if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to OPS PLUS Inc.. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Abso, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b) (1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address: _____
 Street Apt.# City State Zip Code From _____

Former Address: _____
 Street Apt.# City State Zip Code From _____ / To? _____

Former Address: _____
 Street Apt.# City State Zip Code From _____ / To? _____

Former Address: _____
 Street Apt.# City State Zip Code From _____ / To? _____