

# 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:	STREET	CITY	ZIP CODE	Social Security #
Telephone #	Mobile/Beeper/Other Phone #		E-mail Address:	

If necessary, best time to call you at home is:

May we contact you at work?

If yes, work number and best time to call:

If you are under 18 and it is required, can you furnish a work permit?

If no, please explain:

Have you submitted an application here before?

If yes, give date(s) and position(s)

Have you ever been employed here before?

If yes, give dates:

To:

From:

Are you legally eligible for employment in this country?

Date available for work:

What is your desired salary range? \$

Type of employment desired?

Will you relocate if job requires it?

Will you travel if job requires it?

Are you able to meet the attendance requirements of the position?

Will you work overtime if required?

If no, please explain

Have you ever been bonded?

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

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 NUMBER	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		\$	PER	
EMPLOYER	TELEPHONE NUMBER	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		\$	PER	
EMPLOYER	TELEPHONE NUMBER	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		\$	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 that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that 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/RESERVE 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:**

# AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

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 **Sterling**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Sterling** 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 **Sterling**.

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: **Sterling**, PHONE: 888.889.5248. 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.**

<b>Signed</b>	<b>Today's Date</b>		
<b>Name as it appears on your driver's license</b>	<b>Position Applied For</b>		
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Driver's License Number</b>	<b>State</b>

**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**

	Street	Apt.#	City	State	Zip Code	Mo./Yr. / Mo./Yr
<b>Current Address:</b>						<b>From / To?</b>
<b>Former Address:</b>						<b>From / To?</b>
<b>Former Address:</b>						<b>From / To?</b>
<b>Former Address:</b>						<b>From / To?</b>



## 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.

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NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

Referral Source:

Race:

Sex: