



# Application for Employment

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

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date available for work: \_\_\_\_\_ What is your desired salary range: \$\_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State ZIP Code

Telephone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile/Beeper/Other Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Have you ever worked for this company before? Yes No  
If so, when and in what capacity? \_\_\_\_\_

Are you related to anyone employed here? Yes No  
If so, whom? \_\_\_\_\_

Are you acquainted with anyone presently employed here? Yes No  
If so, whom? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No  
If yes, please provide date(s) and details: \_\_\_\_\_

A conviction does not constitute an automatic bar to employment. Embree Group will consider the offense for which you were convicted, the circumstances surrounding the conviction, and the date of the conviction as important factors in making its hiring decision.

If you are applying for a position which requires travel other than to and from work, please answer the following:

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_

Has your driver's license ever been suspended? Yes No  
If yes, why? \_\_\_\_\_

Only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?

Yes No

## Skills and Qualifications

Summarize any 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.

## Office Equipment/Machinery/Computer Skills

Summarize any office equipment, machinery, or computer skills applicable to the position for which you are applying.

## Educational Background

Name and Location	Number of Years Completed	Did you graduate?	Course Study/Major/Degree
College/University: _____			
High School: _____			
Other: _____			

## Employment History

Provide the following information of your past employers, starting with the most recent:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Starting Job Title/Final Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact for references? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Finish \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Starting Job Title/Final Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact for references? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Finish \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Starting Job Title/Final Job Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May we contact for references? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Finish \$ \_\_\_\_\_ per \_\_\_\_\_

References

	Name	Telephone	Number of Years Known
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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Embree Group 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 understand that this application remains current for only 30 days. I further understand that at the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary to reapply and fill out a new application.

**IF I AM HIRED, I UNDERSTAND THAT EMPLOYMENT AT THE COMPANY IS "AT WILL." I UNDERSTAND THAT EMPLOYMENT AT WILL MEANS THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THAT THE EMPLOYER HAS THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAYBE REQUIRED BY LAW. I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF 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 EXPRESSLY AUTHORIZE, WITHOUT RESERVATION, THE EMPLOYER, ITS REPRESENTATIVES, EMPLOYEES OR AGENTS TO CONTACT AND OBTAIN RELEVANT INFORMATION FROM ALL REFERENCES (PERSONAL AND PROFESSIONAL). 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_