

*ein*

## Employment Application

Applicant Information					
Name:				Date:	
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:					
<i>Street Address</i>		<i>Apartment/Unit #</i>		<i>City</i>	<i>State</i>
<i>Zip Code</i>					
Phone:		Mobile:		E-mail:	
Date Available:		Position Applied for:		Desired Hourly Rate / Salary	\$
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			Can you work any shift? YES <input type="checkbox"/> NO <input type="checkbox"/> Can you work overtime, including weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<small>If so may we inquire of your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/></small>					
Have you ever been terminated from employment or asked to resign by an employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, please provide the company names and details:		
Are you eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you at least 18 yrs or older? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(If not you may be required to provide authorization)</small>		Are you available to work? Full-time <input type="checkbox"/> , Part-time <input type="checkbox"/> , Shift work <input type="checkbox"/> , Temporary <input type="checkbox"/>			
During the last seven years have you ever been convicted of a crime other than a minor traffic offense? A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness, and nature of the crime, and rehabilitation will be considered. YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, explain:					
Previous Employment					
Company, Address, Phone		Job Title:			
		From: To:			
Responsibilities:		Reason for Leaving:			
Supervisor name and title:		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company, Address, Phone		Job Title:			
		From: To:			
Responsibilities:		Reason for Leaving:			
Supervisor name and title:		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company, Address, Phone		Job Title:			
		From: To:			
Responsibilities:		Reason for Leaving:			
Supervisor name and title:		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Education and Additional Information					
Education	Name and Location of School	No. of Yrs Attended	Degree Received	Subjects Studied / Major	
High School					
College or University					
Trade Business or Correspondence School					

Do you have any special skills, experience and / or training that would enhance your ability to perform the position applied for? If yes, explain:

**Disclaimer and Signature**

*This company is an Equal Opportunity Employer. This company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.*

*I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this company to hire me. If I am hired, I understand that either this company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of this company has the authority to make any assurance to the contrary.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including verification of professional license as required, and background investigations which may include an examination of educational credentials, criminal convictions and driving records as required by the responsibilities of the position.*

*I attest with my signature below that I have given to this company true and complete information on this application. No requested information has been concealed. I authorize this company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination.*

**Signature:**

**Date:**

**References**

Please provide three references who are not family members

Name _____	Phone # _____
City/State/ZIP _____	
Name _____	Phone # _____
City/State/ZIP _____	
Name _____	Phone # _____
City/State/ZIP _____	

If employed, I authorize background and reference checks to be made. I hereby authorize all references listed to furnish EnAct or Comforts of Home with information about me and my employment. I certify that all the information I have furnished is true and that this application may be voided if any information is determined to be false

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_