

Applicant's Name: \_\_\_\_\_  
Last First

## Application For Employment

For work at: \_\_\_\_\_

This application valid for 30 days

**Extensis**<sup>SM</sup>

# Application For Employment

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **NOTE:** This application is used for a variety of job openings. Some questions may not be applicable to the position for which you are applying.

Equal access to programs, service, and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the interviewer or a representative of the Human Resources Dept.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

How long have you lived in the area? \_\_\_\_\_ Years \_\_\_\_\_ Months Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

■ **General**

Position applied for: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you 17 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you able to work a night shift, overtime, or weekends if needed? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you legally eligible for employment in this country? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you willing and able to meet travel requirements? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Have you been previously employed by the Company? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you employed now? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Have you previously applied for work here? \_\_\_\_\_ YES \_\_\_\_\_ NO

*If yes, where and date:* \_\_\_\_\_

Driver's license number ( if driving is a part of job function) \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of a crime in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please explain:* \_\_\_\_\_

(Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

■ **Military Service Record**

Have you served in the Armed Forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch of Service \_\_\_\_\_

Date of entry in service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of discharge \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rank at discharge \_\_\_\_\_

Military training/awards received \_\_\_\_\_

■ **Education**

Name of Institution	Address/City/State	Major	Last Year Completed	Degree
High School/Preparatory				
College/Tech or Trade School				

List scholastic honors, offices held, and activities in college: \_\_\_\_\_

■ 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.

■ Employment History

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent.

Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ( )	Rate of Pay
Supervisor's Name & Title	Starting: \$ _____ per _____
Job Title & Duties	Ending: \$ _____ per _____
Reason for Leaving	
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ( )	Rate of Pay
Supervisor's Name & Title	Starting: \$ _____ per _____
Job Title & Duties	Ending: \$ _____ per _____
Reason for Leaving	
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ( )	Rate of Pay
Supervisor's Name & Title	Starting: \$ _____ per _____
Job Title & Duties	Ending: \$ _____ per _____
Reason for Leaving	
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ( )	Rate of Pay
Supervisor's Name & Title	Starting: \$ _____ per _____
Job Title & Duties	Ending: \$ _____ per _____
Reason for Leaving	

■ References

List name and telephone number of three business/work references who are not related to you.

Name	Telephone	Years Known

■ Please Read Before Signing:

**This Employment Application will remain active for 30 days. If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

**As required by the Americans with Disabilities Act: During the interview process you may be asked about your ability to perform job-related functions. If you are made a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All candidates for the same job will be subject to the same medical questionnaire and/or examination and all such information will be kept confidential and in separate files.**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such testing and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. Furthermore, I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such testing and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

I further agree that if Extensis II, Inc. does not receive payment from the Client for services which I perform as a leased employee, Extensis II, Inc. may pay the applicable minimum wage (or legally required overtime pay in a work week in which I have worked overtime) for any such pay period.

In recognition of the fact that any work-related injuries or illnesses which might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Extensis based on the same injury or injuries or illness, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against Extensis for damages based upon injuries which are covered under such Workers' Compensation statutes.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_