



Application for Employment

Date of application: ____/____/____

Worksite Location: _____

First Name	Middle Initial	Last Name
Address, City, State and Zip (If you have not been a resident of this state for 2 consecutive years please provide previous address.)		
Previous Address, City, State and Zip		
Telephone Number(s):	Daytime phone number	Evening phone number

Date available for employment: ____/____/____

Position applied for: _____

Full-time: _____ Part-time: _____

Social Security Number: _____ - _____ - _____

Are you currently legally authorized to work in the United States? No Yes

Education

	Name and Location of School	Years Attended	Course of Study	Years Completed (Diploma or Degree)
High School				
College or Trade School				
Graduate or Advanced				
Other (Specify)				

Describe any specialized training, skills, and extra-curricular activities.

List any special job related training and dates trained, include use of computers, (i.e., IBM, MAC. etc.) and software packages used, (i.e., MS Word, Excel, Outlook, etc.)

Employment History/Experience

List your last four employers, (most recent one first)

Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly/Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly/Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly Rate/Salary	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. <small>You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</small></p>

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, Servant HR, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, and Title VI) which was **revised effective September 30, 1997**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company

V. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by our designated background firm to furnish the information described in Section I.

APPLICANT COMPLETES THE FOLLOWING:

Signature	Today's Date
Please print full name	

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used	Social Security Number	Date of Birth
Home Address	City	State Zip
Driver's License Number and State	Name as it appears on License	

Have you ever been convicted of ANY crime? No Yes If yes, please provide city and state of conviction and details of the conviction (misdemeanor, felony, etc.).

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, our designated background firm cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our designated background firm's policy requires purchasers of these reports to have signed a Service Agreement. This assures that our designated background firm users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact our designated background firm.

References

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In addition, I authorize a complete background check, including a credit check, a criminal history check, driver's record check, drug screen, and reference checks.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Servant HR ("Employer") is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Servant HR.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the "Employer".

Signature of Applicant

Date