

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

Legal name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Telephone: _____ Other Telephone: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____ State: _____
(if position requires operation of a company vehicle)

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

EMPLOYMENT HISTORY *(Most recent first)*

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
4. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			

EDUCATION					
Type of school	Name and Location		Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: _____

SKILLS		
Clerical / Office skills		
Computer skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application:

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date

Job Loss?

Important Information Workers Need to Know to Protect their Health Coverage and Retirement Benefits

U.S. Department of Labor

Working for an employer who offers health and retirement benefits is one of the smartest things an employee can do. But what happens when you leave the job? What happens to your health and retirement benefits if you are downsized or go to work for another employer?

The good news is that you have protections under Federal law. You may be able to continue your health care coverage or enroll in new coverage, for instance. And you'll want to protect the retirement benefits you've earned so you will have them when you retire. Know the benefits and protections you are entitled to and where to go with questions.

If you have questions or want free booklets about your health benefit rights and retirement plan protections, contact the Employee Benefits Security Administration electronically at askebsa.dol.gov or by calling toll free 1-866-444-3272.

1

Keep Covered - Explore Your Health Coverage Options Now

You may have a special enrollment opportunity in your spouse's employment-based health plan or an individual plan in the Health Insurance Marketplace. Or, you might be able to continue coverage in your old plan for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under COBRA, you may have to pay the entire premium plus a 2 percent administrative fee. Also, contact your state government to find out if you or your dependents are eligible for Medicaid or the state Children's Health Insurance Program. Compare your options before you decide which coverage to elect. In addition, the Marketplace has an open enrollment each year. Visit HealthCare.gov for more information.

2

Consider health coverage when looking for a new job

Ask about the health benefits offered by any potential employers. Find out what premiums and out-of-pocket costs you'll pay and what the plan covers. Under the Patient Protection and Affordable Care Act, you cannot be denied enrollment or benefits by your new employer's health plan due to a preexisting medical condition. Also check to see if the new plan has a waiting period before you can enroll in coverage – generally, it cannot last longer than 90 days from the date you become eligible for the plan.

3

Protect the retirement benefits you've earned

Keep your records. When you leave a job or retire, make sure you have copies of your retirement plan's Summary Plan Description or SPD, all account statements and other documents from the plan. They tell you about your rights under the plan including when you can receive retirement benefits. Learn about other retirement safeguards under ERISA, the Employee Retirement Income Security Act.