

EMPLOYMENT APPLICATION

VERSION 8

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. Print clearly; incomplete or illegible applications will not be processed.
4. The AFFIRMATIVE ACTION QUESTIONNAIRE on page three is optional. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
5. Do not fill out any other attached forms until instructed.

TODAY'S DATE: _____

NAME: _____
Last First M.I.

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
Street City State Zip

PRIOR ADDRESS: _____
Street City State Zip

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after ____ days. If at any time you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

For which position are you applying? _____

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

What date can you start _____ Which category would you prefer? Full-time Part-time Temporary Labor Pool

For which schedules are you available? Weekdays Weekends Days Evenings Overtime Shift Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction and will not necessarily affect your eligibility to be hired.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.

Yes No If the job requires, do you have the appropriate valid driver's license?
DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

POSITION APPLYING FOR

DATE

MIDDLE

FIRST

LAST

NAME

**CREDIT REPORT
DISCLOSURE**

In connection with my application for employment, I understand that you may obtain a consumer report or investigative consumer report for employment purposes.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTRACTED BY CFG/ES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

According to the Fair Credit Reporting Act, I am entitled to know if any adverse action is taken by my prospective employer based on the report. If so, I will be advised by the prospective employer and given a copy of the report and a summary of my rights under the Act.

Name _____
Last First MI

Signature _____ Date _____

DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that you will be requesting information concerning my motor vehicle operation history, criminal history and workers' compensation claims from various state, private and insurance sources along with other public records available. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY CFG/ES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. I have received and signed a separate written credit report disclosure.

I would like to receive a copy of the consumer report. Any information or questions should be directed to the following address:



EMPLOYER'S SERVICES, INC.
 9800 Bren Road East, 3rd Floor
 Minnetonka, MN 55343
 Phone: (612) 945-9191 Fax: (612) 945-9337

TODAY'S DATE _____ SIGNATURE _____

The following must be filled out completely for your application to be considered.
 (Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ STATE DRIVER'S LICENSE WAS ISSUED _____

Notarization is required only by certain states. If using an embossed seal, please shade with a black crayon to clearly show raised area when faxing. Subscribed and sworn before me,

 on the _____ day of _____, 19____

 Notary Public
 My Commission Expires _____

NOTE: THIS RELEASE MAY NOT BE REQUIRED TO OBTAIN INFORMATION. SAVE TIME BY CALLING CFG/ES (612) 945-9191.

FOR EMPLOYER USE ONLY

CHECK THE ONES THAT APPLY

- Search(es) Requested:
 Workers' Compensation from these states:

 MVR (driving record)
 Criminal History from these states or counties:

 Credit Link (applicant's home address required)
 Do you want CFG/ES to:
 FAX results? *
 Call you with results? *

EMPLOYER INSTRUCTIONS:

- 1) Please have the applicant read the release and fill in the information.
- 2) Employer is to complete this section and FAX or mail the release to CFG/ES.

FAX: (612)945-9337

ACCOUNT NUMBER _____
 YOUR NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 FAX NUMBER _____ PHONE NUMBER _____

* Extra handling charge may apply. There is no service fee when you call CFG/ES for results. Inquiry results are called in immediately after processing.

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

AFFIRMATIVE ACTION QUESTIONNAIRE

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental recordkeeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Title of job applied for: _____

RACE (CHECK ONE)

- Caucasian:** (not of Hispanic origin), includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black:** all persons having origins in any of the Black African racial groups, not of Hispanic origin.
- Hispanic:** all persons of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- Asian and Pacific Islanders:** all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- American Indian or Alaskan Native:** all persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership and participation or community recognition.

DISABILITY STATUS, DEFINED AS:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
 - (2) Has a record of such an impairment (condition);
 - (3) Is regarded as having such an impairment (condition).
- Do you claim Disability status? Yes No

GENDER

- Male Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64-5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST (check one)

- Yes No

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE