



5821 Rangeline Rd., Suite 204  
Theodore, AL 36582  
(251) 443-1130 office  
(251) 443-1143 fax

**An Equal Opportunity Employer**

Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

***Please print and fill out all sections***

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Current Mailing Address:

Number and Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

How were you referred to Company? \_\_\_\_\_

Position(s) applying for \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work overtime? [ ] Y or [ ] N

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Personal Information:**

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed:

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*(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Employment History**

Below, please describe past and present employment positions dating back at least five (5) years starting with your most recent employer. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

**Employment History (continued)**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Position: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

## **AUTHORIZATION AND CONSENT**

I hereby declare that all statements contained in this application are true and correct and I understand that false, misleading or inaccurate information in this application will be the basis for withdrawal of any employment offer, or if employed, may result in dismissal.

I understand that employment by Company is at will, meaning that either I or Company may terminate the employment relationship at any time for any lawful reason with or without notice. I also understand that the company may incur certain expenses in hiring, testing, orienting and/or training me and if I voluntarily terminate my employment or I am terminated within thirty (30) days of being hired, tested, oriented and/or trained, the company is permitted to deduct those expenses from any money that is owed to me.

**Initials** \_\_\_\_\_

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Company may be requesting information from various federal, state, and other agencies which maintain records concerning my activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

**Initials** \_\_\_\_\_

In consideration for my assignment to Company clients, I agree that I am solely an employee of Company for benefits plan purposes and that I am eligible only for such employee benefits as Company may offer to its employees. I understand and agree that I am not eligible for or entitled to benefits provided by clients to any of their direct employees, regardless of the length of my assignment to clients by Company and regardless of whether I am found to be a common law employee of Company clients for any purpose. Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have to such benefits and agree not to make any claim for such benefits.

**Initials** \_\_\_\_\_

## **AUTHORIZATION AND CONSENT(cont'd)**

I understand that Company and its client have agreed that Company will provide workers compensation insurance for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Company's workers compensation insurance policy.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Company, and that failure to provide this evidence will result in the termination of my employment.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_