

# Employment Application



We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

**Thank You**

Applicant Name:

# Employment Application

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

ADP TotalSource and its Clients fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Personal Data

Salary expectations: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address City State/Zip Code Telephone Number

Are you at least 18 years old? Yes  No  If not, state your age for child labor law purposes only: \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you available for out of town work? \_\_\_\_\_ Will you work overtime, if required? \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

Have you taken any illegal drugs in the last 30 days? \_\_\_\_\_

How did you learn of our Company? \_\_\_\_\_

If referral, who were you referred by: \_\_\_\_\_

Have you ever applied or worked here before? Yes  No  If yes, provide date: \_\_\_\_\_

Have you ever applied or worked at ADP TotalSource before? Yes  No  If yes, provide date: \_\_\_\_\_

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

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes  No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization for work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? Yes  No  Date of Conviction: \_\_\_\_\_

Note: Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain on the Additional Comments section, including the penalty imposed.

Have you been convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? Yes  No  If yes, please explain on the Additional Comments section. Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes  No  If yes, include nature of the intentional tort and the disposition of the action in the Additional Comments section. Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Company Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

**Driving Record** (Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes  No  State \_\_\_\_\_ License No.: \_\_\_\_\_

Have you had any tickets? Yes  No  If yes, please explain: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes  No  If yes, please explain: \_\_\_\_\_

Do you have any DUI or DWI convictions? Yes  No  If yes, please state when you were convicted and explain: \_\_\_\_\_

**Additional Comments** (Use the space below to supply any additional information relevant to the job applied for)

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**Education** (May or may not be considered depending on job applied for)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade Point
	Yes	No					Overall GPA
High School							
College or University							
Technical/GED/Other							
Licenses, Certifications/Other							

Company Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

## Employment History

(Please complete for all full-time or part-time employment beginning with most recent employer)

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Company Name				Telephone #		
Address				Dates Employed	From	To
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rate of Pay	Start	Last

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State job titles and describe job duties

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Reason for leaving

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Company Name				Telephone #		
Address				Dates Employed	From	To
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rate of Pay	Start	Last

---

State job titles and describe job duties

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Reason for leaving

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Company Name				Telephone #		
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State job titles and describe job duties

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Company Name				Telephone #		
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---

State job titles and describe job duties

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Reason for leaving

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Company Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Please explain any gaps in your employment history. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive any discipline in the last 12 months of active employment? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment? Yes  No  If yes, what was the range of scores used and what was your score? \_\_\_\_\_

\_\_\_\_\_

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes  No  If yes, please explain: \_\_\_\_\_

(You may be required to furnish a copy of the agreement)

### **Military (Complete only if you served in the military)**

Branch of Service: \_\_\_\_\_ Number of Years/Months of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT'S ACKNOWLEDGMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize ADP TotalSource and its clients to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_