



# APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

	Date _____
Name _____	
Present Address _____	
How Long _____	Social Security No. _____
Telephone _____	
If employed and under 18, can you furnish a work permit _____	
Position applied for: _____	Days/hours available to work:
Salary Desired _____	<input type="checkbox"/> No Pref <input type="checkbox"/> Thursday
	<input type="checkbox"/> Monday <input type="checkbox"/> Friday
How many hours can you work weekly? _____	<input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday
	<input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday
Employment Desired <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time	
When are you available for work? _____	

Type of School	Name of School	Location	Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN TRAFFIC VIOLATIONS?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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Do you have a driver's license?  Yes  No  
 Do you have adequate means of transportation to get to work on time each day and when called in on short notice?  Yes  No

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? |  Yes  No How Many? \_\_\_\_\_

Have you had any moving violations during the past three years? |  Yes  No How Many? \_\_\_\_\_

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10 Key <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Skills _____		

**REFERENCES**

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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<b>MILITARY</b>			
Have you ever been in the armed forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____	

<b>WORK EXPERIENCE</b>			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>			
Employer _____	Name of Last Supervisor	Employment Dates	Pay or Salary
Address _____		From	Start
_____		To	Final
Telephone _____	Your Last Job Title		
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Address _____		From	Start
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Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?       Yes       No

Did you complete this application yourself?       Yes       No

If not, who did? \_\_\_\_\_

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER**

In exchange for consideration of my job application by J. A. Counter & Associates, Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of J. A. Counter & Associates, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President or Operations Manager of the Company. Both the undersigned and J. A. Counter & Associates, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I authorize my current and previous employers, educational institutions, banking and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents when by agreement with me, have been designated as confidential or sealed.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.