

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment and military service.** (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

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Have you ever been dismissed or forced to resign from any employment? Yes No If **Yes**, please explain.

IN CASE OF EMERGENCY, NOTIFY:		
Name _____	Phone Number _____	Relationship _____
Address _____	City/State _____	

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No
Are there any hours, shifts or days you will not work? Yes No If **Yes**, explain: _____

Do you have any friends or relatives who work here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Relationship _____
Name _____	Relationship _____

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No
May we contact your present employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

CHARACTER REFERENCES

List three persons **not related to you**, whom you have known at least one year:

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment:

Have you filed an application here before? Yes No If **Yes**, give date: _____

Have you ever been employed here before? Yes No If **Yes**, give dates: _____

NOTICE TO APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature _____ Date _____

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

EMPLOYEE DATA RECORD

CoAdvantage and your Worksite Employer are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights law and regulations. In order to comply with these laws, CoAdvantage invites employees to voluntarily self-identify their race and ethnicity by completing this Data Record.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The Employee Data Record will be kept in a **Confidential File**.

Name _____
Last First Middle

Check one: Male Female

Check one of the Following:

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Pacific Islander
- American Indian/Alaskan Native
- Two or more races

Signature

Date