

# Michaelson, Connor & Boul

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(PLEASE PRINT)

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give date:

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give date:

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you lawfully be employed in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential job functions of the job which you are applying, with or without accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently charged with an unresolved criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

EQUAL OPPORTUNITY EMPLOYER  
AFFIRMATIVE ACTION PLAN

## EDUCATION

Years Completed	High School				Undergraduate College/University				Graduate Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name and State												
Diploma/Degree												
Major of Study												
GPA/Honors Received												

Subject of special study or research work: \_\_\_\_\_

Special Training/Skills: \_\_\_\_\_

Do you have any commitments to another entity, business, or person that might affect your employment with our company? No \_\_\_\_\_ Yes \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

Indicate **professional** certification/memberships/organizations you belong to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate, race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Supervisor	
	From	To		
Address	Telephone Number		Hourly Rate/Salary	
			Starting	Final
Job Title				
Description of duties				
Reason for Leaving				
Employer	Dates Employed		Supervisor	
	From	To		
Address	Telephone Number		Hourly Rate/Salary	
			Starting	Final
Job Title				
Description of duties				
Reason for Leaving				
Employer	Dates Employed		Supervisor	
	From	To		
Address	Telephone Number		Hourly Rate/Salary	
			Starting	Final
Job Title				
Description of Duties				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**PROFESSIONAL REFERENCES ONLY (NO PERSONAL)**

Give name, telephone number, and company/title of three references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
initials

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
initials

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

\_\_\_\_\_  
initials

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

\_\_\_\_\_  
initials

Employee acknowledges and understands that employment may be contingent on successfully passing a criminal record background check, as some positions require the employee to have no criminal record. Employees in such positions will be required to retain a clean record throughout their employment.

\_\_\_\_\_  
initials

In the event of employment or offer of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
initials

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Voluntary Applicant Data Record

This company is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color, creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Name: \_\_\_\_\_

Please Specify Your Sex	
Check one	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
I choose not to disclose	<input type="checkbox"/>

Spanish/Hispanic/Latino	
Check one	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
I choose not to disclose	<input type="checkbox"/>

Please Specify Your Race	
Check all that apply	
White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>
<b>OR</b>	
I choose not to disclose	<input type="checkbox"/>

## Invitation to Veterans and Persons with a Disability to Identify Themselves

This employer is a Government contractor subject to the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Act of 1974, as amended, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, qualified disabled veterans, veterans of the Vietnam era and other covered veterans. If you have a disability, are a disabled veteran, a veteran of the Vietnam era or other covered veteran and would like to be considered under the affirmative action program, please tell us. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties and of necessary accommodations, (ii) safety personnel may be informed, when appropriate, and (iii) Government officials engaged in enforcing relevant laws may be informed. Your answers will in no way be used against you.** Thank you for your cooperation.

Name

Person with a Disability	<input type="checkbox"/>
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Veteran	<input type="checkbox"/>
Disabled Veteran	<input type="checkbox"/>
Vietnam Era Veteran	<input type="checkbox"/>
Other Covered Veteran	<input type="checkbox"/>