



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you applying for: Regular full-time work? YES <input type="checkbox"/> NO <input type="checkbox"/> Regular part-time work? YES <input type="checkbox"/> NO <input type="checkbox"/> Temporary work, i.e. summer or holiday work? YES <input type="checkbox"/> NO <input type="checkbox"/>		What days and hours are you available for work? Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	
If hired, on what date can you start work? _____			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you at least 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you able to perform the essential functions of the position for which you are applying, either with our without reasonable accommodation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, please describe the functions that cannot be performed?	
Do you speak, write, or understand any foreign language?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, which language?	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

Please read carefully, initial each paragraph, and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for any immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Ergonique to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, continued employment, or promotion including but not limited to relevant medical history and drug testing, criminal background check, social security number verification, motor vehicle record, and credit report (additional release forms may be necessary). I further authorize the references I have listed to disclose to Ergonique any and all letters, reports, and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release Ergonique, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview, is intended to create a promise to hire or an employment contract between Ergonique and I. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Ergonique, and that no promises or representations contrary to the foregoing are binding on Ergonique unless made in writing and signed by me and Ergonique's designated representative. My continued employment is dependant upon satisfactory performance and the continued need for my services as determined by Ergonique.

Signature

Date