

Application for Employment

Read this introduction carefully before answering any questions. Various federal and state laws, as well as regulations for federal government contractors, prohibit discrimination because of race, color, religion, sex, national origin, age, handicap, and military services. None of the questions contained herein are intended to elicit information in violation of these laws or to be used in a discriminatory manner.

Date of Application:

PERSONAL INFORMATION

Last Name:

First Name:

Middle Name:

Phone Number:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number:

Are you available to work?

Full Time Part Time

Are you legally permitted to work in the US? If no, attach explanation.

Yes No

Are you over 18 years of age?

Yes No

Are you currently employed?

Yes No

If you are employed, what is your current status?

Active Strike Other: _____

Have you ever been convicted of a felony?

Yes No If yes, please explain: _____

JOB INTEREST

Type of Position Applied for:

Salary Expected:

Date Available:

Have you ever been employed by Taylor's Communications?

Yes No If yes, please explain: _____

Are you color blind?

Yes No

Can you perform the essential functions of the position for which you are applying for?

Yes No If no, please explain: _____

Do any of your friend or relatives work here?

Yes No If yes, state name and relationship: _____

EDUCATION

Highest Grade Completed	School	Location of School City and State	Graduate?	Type of Courses, Major Subjects, Honors
High School <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	_____	_____	Degree? _____	_____
Technical, Commercial, Correspondence, etc.	_____	_____	Degree? _____	_____

EMPLOYMENT RECORD

Start with the most recent or present employer and be sure to account for all of your time since you started working. Include school or college vacation employment where this is your only work experience. Use a separate section for each employer and for each period you were employed/self-employed.

May we contact your current employer? If no, please include a professional reference we can contact:

Yes No _____

#1 Current or Most Recent Employer or Company: _____

Last Position Held: _____

Department: _____

Final Salary: _____

Supervisor: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Reason for Leaving: _____

From: _____

To: _____

#2 Current or Most Recent Employer or Company: _____

Last Position Held: _____

Department: _____

Final Salary: _____

Supervisor: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Reason for Leaving: _____

From: _____

To: _____

PROFESSIONAL REFERENCES

Reference #1

Full Name:

Phone Number:

Address:

City:

State:

Zip Code:

Reference #2

Full Name:

Phone Number:

Address:

City:

State:

Zip Code:

Reference #3

Full Name:

Phone Number:

Address:

City:

State:

Zip Code:

EMPLOYMENT AGREEMENT

I understand that at any time during my employment I may be required by management to take a physical examination which may include an alcohol and drug test as permitted by law. I understand that if hired, I will be required to comply with all rules and regulations. I further understand that the benefits and rules may be changed, modified, added, or deleted at any time at the employer's sole option and without any prior notice.

Signature:

Date:

Taylor's Communications, Inc is committed to a policy of Affirmative Action with regard to female, minority, and handicapped employees and applicants for employment. The United States government requires our company to collect data on race, sex, and ethnic classifications for the purpose of determining the impact of our employment procedures. Solely to help us comply with government record keeping, reporting, and other legal requirements, please complete the Equal Opportunity Survey. Your response is voluntary and your cooperation will be appreciated. This data is for periodic government reporting and will be kept CONFIDENTIAL.

Last Name:

First Name:

Middle Name:

Date:

Positions Applied for:

Referral Source: Friend Relative

Employment Agency Other

Choose One:

Sex: Female Male

Ethnic Group: White Black

American Indian Hispanic Asian

AUTHORIZATION/CONSENT RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is solely for identification purposes. I, further authorize all persons, employers, supervisors, co-workers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies and any other source of information to provide all information requested with respect to my background, including any criminal records, to the company asking for it. I hereby voluntarily and knowingly release any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law. I certify that I have read and understand this entire document, including the above Affirmative Action, and I agree that a copy of this document is as valid as the original.

Printed Name:

Date:

Signature:

Email Address:
