

## Application for Employment

### Personal Information

Please Print

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

Present Address

\_\_\_\_\_  
Number & Street                      City                      State      Zip

Permanent Address (if different from above)

\_\_\_\_\_  
Number & Street                      City                      State      Zip

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      \_\_\_\_-\_\_\_\_-\_\_\_\_  
Home Phone                      Cell Phone                      Social Security No.

Position applied for \_\_\_\_\_

Have you ever applied to or worked for ERC Company before? Yes \_\_\_ No \_\_\_  
If yes, when \_\_\_\_\_

Do you have any friends or relatives working for ERC Company? Yes \_\_\_ No \_\_\_  
If yes list name(s) and relationship:

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

If hired, would you have a reliable means of transportation? Yes \_\_\_ No \_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are minimum legal age)..... Yes \_\_\_ No \_\_\_

If hired, can you present evidence of U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes \_\_\_ No \_\_\_

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

If no describe the functions that cannot be performed.

---

---

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (Felony or serious Misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed)..... Yes\_\_\_\_ No\_\_\_\_  
If yes, state nature of the crime (s), when and where convicted and disposition of the case.

---

---

(Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.)

## Education, Training and Experience

High School	_____	Did you graduate?
	Name	Yes____ No____
	_____	
	City and State	
College/ University	_____	Yes____ No____
	Name	
	_____	
	City and State	
Vocational/ Business	_____	Yes____ No____
	Name	
	_____	
	City and State	

# Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient).

1) \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Phone No.

\_\_\_\_\_  
Address Supervisor's Name  
Dates of Employment. From \_\_\_\_\_ To \_\_\_\_\_  
Rate of pay. Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact this employer for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Phone No.

\_\_\_\_\_  
Address Supervisor's Name  
Dates of Employment. From \_\_\_\_\_ To \_\_\_\_\_  
Rate of pay. Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact this employer for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Phone No.

\_\_\_\_\_  
Address Supervisor's Name  
Dates of Employment. From \_\_\_\_\_ To \_\_\_\_\_  
Rate of pay. Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact this employer for reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Attach additional page(s) if necessary.

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

---

1) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone No.

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

Number of years acquainted \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone No.

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

Number of years acquainted \_\_\_\_\_

3) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone No.

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

Number of years acquainted \_\_\_\_\_

**Please read carefully, Initial each paragraph and sign below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that 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 immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving prior notice. In addition, I hereby release the company, 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.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. 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 the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Initials I hereby acknowledge that any offer of employment may be subject to undergoing and passing a drug and alcohol abuse screening test.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date