



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, color, age, sex (including pregnancy and gender identity), marital status, national origin, disabilities, veteran status, or any other legally protected status.

We are an Equal Opportunity Employer.

This application must be filled completely. Do not indicate "See Resume." Please use ink and print or type.  
If more space is needed, attach a separate sheet.

<i>Personal</i>					
Last Name	First	Middle	Email Address		
Street Address		City	State	Zip	
Home Phone	Cell Phone	Business Phone	Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>General Information</i>							
Position Applied			Date	Preferred Location		Salary Desired	
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Apart from absences for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what hours can you work?	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle days you are available for work	S M T W TH F SA	Available Start Date		
Do you have any relatives working for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who?						
How did you learn of our Company?			<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Tech School <input type="checkbox"/> College Recruitment <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Employee _____				
Have you ever been suspended, involuntary terminated, or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when and why?						
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe the nature of the crime(s), date and place of conviction(s), and legal disposition of the case(s)						
Are you currently out on bail, subject of a current warrant for arrest, or released pending bail? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain						
A conviction or a plea of no contest, or adjudication withheld, does not automatically prohibit hiring. Consideration is given as to age when the offense occurred, seriousness and nature of the violation, circumstances of the offense, whether the offense is relevant to the duties of the position applied, and any rehabilitation that you may have undergone. Provide all the facts so that an informed decision can be made. If more space is needed, attach a separate sheet.							
<ul style="list-style-type: none"> <li>• Have you ever been denied a license, permit, or privilege to operate a motor vehicle?</li> <li>• Have you ever been convicted of driving while intoxicated?</li> <li>• Have you ever been convicted of possession, sale, intent to sell, or use of a narcotic drug, amphetamine, or derivative thereof?</li> <li>• Has any license, permit, or privilege ever been suspended or revoked?</li> <li>• Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?</li> </ul>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE COMPLETE ALL INFORMATION ON THIS APPLICATION**

**Employment History (Enter Current or Most Recent Position First)**

Company Name		Position Held			
Address		Briefly Describe Job Duties			
Phone		Reason for Leaving			
Last Supervisor's Name	May we contact your present/recent employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:	Dates of Employment		Rate of Pay	
		From	To	Starting	Ending
Company Name		Position Held			
Address		Briefly Describe Job Duties			
Phone		Reason for Leaving			
Last Supervisor's Name		Dates of Employment		Rate of Pay	
		From	To	Starting	Ending
Company Name		Position Held			
Address		Briefly Describe Job Duties			
Phone		Reason for Leaving			
Last Supervisor's Name		Dates of Employment		Rate of Pay	
		From	To	Starting	Ending
Company Name		Position Held			
Address		Briefly Describe Job Duties			
Phone		Reason for Leaving			
Last Supervisor's Name		Dates of Employment		Rate of Pay	
		From	To	Starting	Ending
Company Name		Position Held			
Address		Briefly Describe Job Duties			
Phone		Reason for Leaving			
Last Supervisor's Name		Dates of Employment		Rate of Pay	
		From	To	Starting	Ending

<i>Education</i>				
Name and Location of School	Course of Study	Degree/Certificate Earned	Circle Highest Grade Completed	
High School			9	10    11    12
Business or Technical School				
College			1	2    3    4
Graduate School			1	2    3    4

<i>Personal References</i>	
Provide name, address, and phone number of three (3) references not related to you	
1.	_____
2.	_____
3.	_____

<i>Military Service</i>					
Did you serve in the U.S. Armed Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what Branch?	Dates of Service	Highest Rank Achieved	Rank at Discharge

<i>Additional Skills, Licenses, Certificates, Languages and Training</i>
List any other qualifications you have that are relevant to the job applied

<i>Applicant Acknowledgement</i>
<p>We are committed to employing only those individuals who are authorized to work in the United States. In compliance with U.S. immigration laws, each employee, as a condition of employment, must complete an Employment Eligibility Verification Form (Form I-9) and present documentation establishing identity and employment authorization. An employee may present any of the documents listed on the Form I-9 to the Company for examination. By my signature below, I affirm that I am legally eligible for employment.</p> <p>I certify that the answers given herein are true and complete to the best of my knowledge. I authorize a background investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. I understand that misrepresentation, incomplete information, or omissions of facts requested in this application may remove me from further consideration for employment. In addition, if employed, any falsification or omissions of fact in this application will be cause for immediate dismissal with or without notice.</p> <p><b><i>I understand that my employment is considered “at-will” with the Company and is for no specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom, business practice, or other procedure (including the Company Employee Handbook) constitutes an employment contract or modification of the “at-will” employment relationship between the Company and me. The contents of any manuals, as well as any policies and practices are subject to change or modification by the Company solely at its discretion, without notice.</i></b></p> <p>I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver’s examination; submit to a background investigation; take a pre-employment physical/drug/alcohol test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize all persons, academic institutions, companies, credit bureaus, corporations, and law enforcement agencies to supply any and all information concerning my background and the results of my pre-employment physical/drug/alcohol test (if any), and release them and the Company from any liability and responsibility arising from their doing so. I further authorize the Company to release any background check results or any physical/drug/alcohol test to any state or federal authority requesting such information, and in response to a valid subpoena or other legal document.</p> <p>I understand that the Company is a Drug Free Workplace and reserves the right to require me to submit to a drug or alcohol test and/or medical examination to the extent permitted by law at any time.</p> <p><b><i>Should I become employed, as a condition of my employment, I agree to waive my right to a trial by jury in any action or proceeding involving any claim, whether statutory or a common law related to or arising out of my employment, or the termination of my employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.</i></b></p> <p>This application will only be considered “active” for 30 calendar days from the date of the application. If I have not obtained employment with the Company within 30 days, but remain interested in employment, I understand I must notify the Company in writing of my desire for the application to be considered for an additional 30 days.</p>
<p>Signature _____</p> <p>Date _____</p>

**EEO Data Record**

Applicants are considered for all positions for which they are qualified. Applicants and employees will be treated during the selection process and employment without regard to race, religion, color, age, sex (including pregnancy and gender identity), marital status, national origin, disabilities, veteran status, or any other legally protected status. As an employer, we comply with governmental regulations and affirmative action responsibilities, when applicable. Government agencies require periodic reports on the sex, ethnicity, veteran, and disability status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary, but greatly appreciated. It is solely to help us comply with government record keeping, reporting, and other legal requirements, and will be kept in a Confidential File separate from the Application for Employment.

**Gender Identification**

Male   
 Female

<b>White</b> <input type="checkbox"/>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<b>Black</b> <input type="checkbox"/>	A person having origins in any of the Black racial groups of Africa.
<b>Hispanic or Latino</b> <input type="checkbox"/>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<b>Asian</b> <input type="checkbox"/>	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>Native Hawaiian or Pacific Islander</b> <input type="checkbox"/>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>American Indian or Alaskan Native</b> <input type="checkbox"/>	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a cultural identification through tribal affiliation or community recognition.
<b>Two or More Races</b> <input type="checkbox"/>	A person who identifies with two or more of the above race categories.

As an employer, when applicable, we employ and advance in employment qualified individuals with disabilities, disabled veterans, Vietnam era veterans, and other qualified veterans subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974. Status as a qualified veteran includes special disabled veterans, veterans of the Vietnam era, or any other veteran who served on active duty during a war, or campaign, or expedition for which a campaign badge has been authorized.

If you are a disabled veteran, or other qualified veteran, you are invited to volunteer this information. The purpose of this information is regulatory record keeping requirements to determine good faith efforts and affirmative action, or to provide affirmative action. This information will not adversely affect any employment decision nor will engaging in activities based on equal opportunity and affirmative action laws including: filing a complaint, cooperating in an investigation, opposing any unlawful act or practice made unlawful, or exercising any other right protected under equal opportunity laws.

If you wish to self-identify, please check all that apply.

<b>Disabled Veteran</b> <input type="checkbox"/>	A veteran of the U.S. military, ground, naval, or air service, who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or a person who was discharged, or released from active duty because of a service-connected disability.
<b>Other Protected Veteran</b> <input type="checkbox"/>	A veteran who served on active duty in the U.S. military, ground, naval, or air service, during a war, or in a campaign, or expedition for which a campaign badge has been authorized.
<b>Armed Forces Service Medal Veteran</b> <input type="checkbox"/>	A veteran who while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which Armed Forces service medal was awarded pursuant to Executive Order 12965 (61 Fed. Reg. 1209).
<b>Recently Separated Veteran</b> <input type="checkbox"/>	A veteran during the three (3) year period beginning on the date of such veteran's discharge, or release from active duty in the U.S. military, ground, naval, or air service.

**Applicant Signature**

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Signature of Applicant

**HR Use Only**

Interviewed By	Title	Approved By	Date
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# BACKGROUND CHECK / EMPLOYEE SUBSTANCE ABUSE TESTING / PHYSICAL EXAM REQUIREMENT RELEASE AUTHORIZATION

<i>General</i>
<p>In connection with my application for employment, I understand an investigative report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by Company policy and consistent with the job described, the Company may request information from public and private sources about my driving record, court records, education, credentials, and references.</p> <p>For the safety of all employees and the community, the Company has adopted a Drug Free Workplace Program. Following an offer of employment but prior to hire, applicants must submit to a drug/alcohol screening test and a physical examination. I understand that I must report to a clinic at the location and time specified by a representative of the Company. Failure to report in a timely manner may remove me from further consideration for employment. A refusal to submit to testing/physical or a confirmed positive drug/alcohol test, or failed physical are basis for refusal to hire me.</p> <p>Company policy requires, and I am willing, to submit to testing to detect the use of illegal drugs prior to and during employment. In compliance with state law, we participate in random drug testing. Also, if there is a basis for reasonable suspicion or if involved in an accident, I may be required to submit to a drug test and/or blood alcohol test. I understand that failure to comply with such a testing request or a positive result may lead to termination of my employment. I further understand that it is a condition of my employment that I agree to follow, without reservation, the Company's Drug Free Workplace Program.</p>

<i>Personal Information</i>			
<p>The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer, its agents, and all persons, agencies, and entities providing information, or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.</p>			
Last Name	First	Middle	Position
Other Names that you have Used			Email Address
Street Address			
City		State	Zip Code
Social Security		Date of Birth	Best Phone Contact
Driver's License Number		License Type	State Issuing License
			License Expiration Date
Having a driver's license is not a condition of employment if driving for the Company is not required.			

<i>Traffic Accident Record</i>							
<p>List all accidents you have been involved in while operating a truck, car, motorcycle, or other motorized vehicle including property damage in the past three (3) years, including all accidents whether at fault or not at fault, if applicable to the position for which you are applying. If none, write "None."</p>							
Date	Type of Vehicle	Nature of Accident	Were You at Fault?	Were You Ticketed?	Fatalities	Injuries	Property Damage
<hr/> <hr/> <hr/>							

<i>Disclosure and Authorization for Consumer Reports</i>
<p>The Company hereby advises you that, for employment purposes, including but not limited to initial employment, promotion, reassignment, and retention, we may obtain or have prepared one or more consumer reports bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. A consumer report may include a criminal history check and credit report and may consist of employment records, educational verification, license verification, driving history, and previous addresses.</p> <p>I hereby authorize Vecellio &amp; Grogan, Inc. to obtain or have prepared one or more consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment and any other uses not prohibited by law, prior to and during my employment with Vecellio &amp; Grogan, Inc. I understand that these reports may include a criminal history check and credit report and may consist of employment records, educational verification, license verification, driving history and previous addresses. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military and other individuals and entities to provide any and all information that is requested by a consumer reporting agency or Vecellio &amp; Grogan, Inc.</p> <p><b>This disclosure and authorization is valid for current and future reports, and I understand that Vecellio &amp; Grogan, Inc. intends for this Disclosure to cover both the application for employment and, if I am hired, any additional consumer reports obtained while I remain an employee.</b></p>

<i>Acknowledgement</i>	
Signature	Date