

## **Application for Employment**

Equal access to programs and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

## Personal Data (Please Print)

Position(s) applied for							Date of appl	ication
Name					Em	ail		
Last		First			М			
AddressStreet					City		State	Zip
Home phone#		Ce	II phone#			Referral Source		
If you are under 18 and it is requi			-	☐ YES ☐	NO			
If NO, please explain	•		•		-			
Have you ever been employed by				□NO				
If YES, give dates and positions								
Are you legally eligible for emplo (Proof of identity and employme	yment in the	United State	s? <b>YES</b>	□ NO				
Date available to start work			Тур	e of employme	nt desired	☐ Full-Time	☐ Seas	sonal
If seasonal, list day(s) and hour(s)	available				Will you work	overtime?	YES N	0
Are you able to perform the "esse This question is not designed to e particular accommodation, or wi	elicit informat hether accom	ion about an modation is	applicant's disal necessary. These	bility. Please do issues may be	not provide ir addressed at a	nformation abo I later stage to t	out the existend the extent perr	ce of a disability, nitted by law.
Driver's License number:							State	
Do you currently posses a Comm	nercial Driver's	License?	☐ YES	□NO	If so, list CDL (	Class and endo	rsements	
Employment History (Pleas	se Print) Startir	ng with your	most recent empl	loyer, provide tl	ne following in	formation:		
1) Employer Name			Addre	ess				
Phone#	_ Position He	ion Held Name of Supervisor						
May we contact for reference?	☐ YES	$\square$ NO	Date	Dates employed: From		_То		
Why did you leave?								
Summarize the type of work and	job responsik	oilities						
2) Employer Name								
Phone#	_ Position He	ld			Name of Supervisor			
May we contact for reference?	☐ YES	$\square$ NO	Date	es employed: Fr	om		То	
Why did you leave?								
Summarize the type of work and	job responsik	oilities						
3) Employer Name			Addre	ess				
Phone#	_ Position He	ld		Name of Supervisor				
May we contact for reference?	☐ YES	□NO	Date	es employed: Fr	om		То	
Why did you leave?								
Summarize the type of work and	job responsik	oilities	- A CE EU L O					

PLEASE FILL OUT REVERSE SIDE

Education and Training (Please Print)  Starting with your most recent school attended, prov	vide the following in	nformat	tion.					
Name and Address of School	Circle Last Year Completed				Specific Degr	Specific Degree/Certificate Completed		
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
List any other Training and Courses					1			
1) Name & Title	Telepho	one#			Relationship	Years Known		
2) Name & Title	Telepho	ne#			Relationship	Years Known		
						Years Known		

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

I certify that all information I have provided in order to apply for and secure work with Effingham Equity is true, complete, and correct. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Effingham Equity reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Effingham Equity is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Effingham Equity's General Manager.

Effingham Equity does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Effingham Equity likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Effingham Equity takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration for employment, or 2) may result in my immediate discharge from Effingham Equity's service, whenever It Is discovered.

## **Authorization to Release and Obtain Information**

Skills and Qualifications (Please Print)

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Effingham Equity to obtain a consumer report and/or an investigative consumer report which may include the following:

- 1. My employment records;
- 2. Records concerning any driving, criminal history, civil record, and drug testing;
- 3. (For truck driver's only) In accordance with the Federal Motor Carrier Safety Regulations Section 382.413, information concerning alcohol and controlled substances;
- 4. Verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, entity that discloses matters in accordance with this authorization, as well as Effingham Equity from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Effingham Equity to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT AND AUTHORIZATION.

I certify that I have read, fully understand and	l accept all terms of the foregoing :	Applicant Statement and	l Authorization to Release and	Obtain Information.
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Signature of Applicant:	Date: