ERG
INTERNATIONAL

Employment Application

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability, sexual orientation, veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY OUR COMPANY. THIS FORM BECOMES A PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

Personal Information

First Name*:*	Middle:	Last:
Date:	Are you 18 years or older: ❑ Yes ❑	
Telephone #:	Alternative Cell Phone #:	

Present Address:	City:	State:	ZIP:

If you have lived at the above address for less than 12 months, please list previous address

Address:	City:	State:	ZIP:

Have you worked or do you have work experience or education under a different name? ❑ Yes ❑ No

If yes, please list names (including first, middle & last):

Can you supply documentation of your identity and authorization to work in the U.S.? ❑ Yes ❑ No

Work Interest

Position Applying For:	Employment Type: ❑ Full Time ❑ Part Time ❑ Other: _____

Shift Preferred:	Minimum Salary:	Available Start Date:

Have you ever filed an application with our company before? ❑ Yes ❑ No	When:	Where:
Have you ever been interviewed by our company before? ❑ Yes ❑ No	When:	Where:

Shift & Hours you can work: 1st Shift:_____ 2nd Shift:_____ 3rd Shift:_____

Would you accept part time work? ❑ Yes ❑ No	Would you accept temporary work? ❑ Yes ❑ No?

Please indicate the hours you are willing to work whenever scheduled or requested?
Overtime: ❑ Yes ❑ No   Weekends: ❑ Yes ❑ No   Holidays: ❑ Yes ❑ No   Rotation: ❑ Yes ❑ No

Briefly state your reason for interest in employment with our company, or any other comments with regard to work interest:

Do you have reliable transportation? ❑ Yes ❑ No

If the position required travel, are you willing and do you have a valid driver's license? ❑ Yes ❑ No

If yes, DL #: _____	State:

Are you currently employed? ❑ Yes ❑ No	May we inquire of your current employer? ❑ Yes ❑ No

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Work History

List the names of employers in consecutive order with present or last employer listed first. Account for all periods, including military services. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH & YEAR.**

Name of Employer: | Telephone #:

Address: | City | State: | ZIP:

Dates Employed: | **From** Month: Year: | **To** Month: Year: |

Name/Title of Supervisor: | Reason for Leaving:

Duties:

Name of Employer: | Telephone #:

Address: | City | State: | ZIP:

Dates Employed: | **From** Month: Year: | **To** Month: Year: |

Name/Title of Supervisor: | Reason for Leaving:

Duties:

Name of Employer: | Telephone #:

Address: | City | State: | ZIP:

Dates Employed: | **From** Month: Year: | **To** Month: Year: |

Name/Title of Supervisor: | Reason for Leaving:

Duties:

Please explain all periods of unemployment:

Have you ever been disciplined associated with theft? ❑ Yes   ❑ No

If yes, please explain:

Have you ever been terminated from employment? ❑ Yes   ❑ No

If yes, please explain:

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Education

List All Schools Attended:	Name of School	Address	# of Years	Graduated?	Degree/Type of Diploma	Major/Course of Study
High School:						
College/University:						
College/University:						
Graduate School:						
Business/Technical:						

If you have not graduated from high school, do you have a GED? ❑ Yes   ❑ No

No. of Tests: _____ Date of Test: _____ Place Taken: _____

If you went to college, but did not graduate, how many credit hours are needed for your degree?

Bachelor: _____   Associate: _____

List any scholarships, academic honors, awards or special achievements:

List languages which you speak proficiently:

List languages which you read proficiently:

Certifications/Licenses

Type	Agency or State Issued	Date Issued	Number

References

Name	Address	Phone	Occupation

Special Skills

Office

Typing wpm:	Shorthand wpm:	Speed writing wpm:	Data Entry: ❑ Yes ❑ No	10-Key: ❑ Yes ❑ No

Computer

Hardware:	Software:	Other Computer Training:

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List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, etc.) you feel particularly qualify you for a position with us:

Additional Terms & Conditions of Employment

Please initial each below:

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying. I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that a background check may be conducted after a conditional employment offer has been made and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties as well as any time throughout my employment according to company policy. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will be bound by the rules and regulations now or hereafter in effect.

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_____   I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of _____.
I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____   **Date:**_____

Printed Name: _____