

# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE AVAILABLE \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ DESIRED SALARY \$ \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NOARE YOU A CITIZEN OF THE UNITED STATES?  YES  NOIF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NOHAVE YOU EVER WORKED FOR GRAF BROTHERS BEFORE?  YES  NO

IF SO, WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NODO YOU HOLD ANY PROFESSIONAL LICENSE/CERTIFICATION?  YES  NO

IF YES, PLEASE LIST THEM HERE \_\_\_\_\_

## EDUCATION

HIGH SCHOOL \_\_\_\_\_ DEGREE \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE?  YES  NO

COLLEGE \_\_\_\_\_ DEGREE \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE?  YES  NO

OTHER \_\_\_\_\_ DEGREE \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE?  YES  NO

## PROFESSIONAL REFERENCES

LIST THREE PROFESSIONAL REFERENCES.

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

## PREVIOUS EMPLOYMENT

LIST FROM MOST RECENT EMPLOYER.

COMPANY _____	PHONE (____) _____ - _____	
ADDRESS _____	SUPERVISOR _____	
JOB TITLE _____	STARTING SALARY \$ _____	ENDING SALARY \$ _____
DUTIES/RESPONSIBILITIES _____		
FROM ____ / ____ / ____	TO ____ / ____ / ____	REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY _____	PHONE (____) _____ - _____	
ADDRESS _____	SUPERVISOR _____	
JOB TITLE _____	STARTING SALARY \$ _____	ENDING SALARY \$ _____
DUTIES/RESPONSIBILITIES _____		
FROM ____ / ____ / ____	TO ____ / ____ / ____	REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY _____	PHONE (____) _____ - _____	
ADDRESS _____	SUPERVISOR _____	
JOB TITLE _____	STARTING SALARY \$ _____	ENDING SALARY \$ _____
DUTIES/RESPONSIBILITIES _____		
FROM ____ / ____ / ____	TO ____ / ____ / ____	REASON FOR LEAVING _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## DISCLAIMER & SIGNATURE

I UNDERSTAND THAT THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING MY QUALIFICATIONS FOR EMPLOYMENT AND THAT THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT. I FURTHER UNDERSTAND THAT IF HIRED, MY EMPLOYMENT WILL BE CONSIDERED "AT-WILL" AND THAT MY EMPLOYMENT MAY BE TERMINATED FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE, AT ANY TIME BY ME OR GRAF BROTHERS FLOORING INC., AND THAT THIS APPLICATION IS NOT INTENDED TO CONSTITUTE A CONTRACT OF CONTINUED EMPLOYMENT. INITIAL \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION, MISREPRESENTATIONS OR OMISSIONS ON THIS APPLICATION, OR OTHER WRITTEN MATERIALS PROVIDED DURING THE APPLICATION PROCESS WILL LEAD TO THE REJECTION OF MY APPLICATION OR, IF EMPLOYED, DISCIPLINE UP TO AND INCLUDING TERMINATION CAN OCCUR AT THE TIME SUCH FALSE INFORMATION OR OMISSION IS DISCOVERED. INITIAL \_\_\_\_\_

I AGREE THAT BY SIGNING BELOW I AUTHORIZE THE RELEASE OF REQUESTED INFORMATION TO GRAF BROTHERS FLOORING INC. I HAVE AUTHORIZED GRAF BROTHERS FLOORING INC. AND ITS REPRESENTATIVES TO INVESTIGATE FORMER EMPLOYERS, REFERENCES AND LAW ENFORCEMENT AUTHORITIES WITHOUT LIABILITY AS TO ANY INFORMATION APPLYING TO ME INCLUDING OCCUPATIONAL, HEALTH, POLICE, AND GOVERNMENTAL RECORDS. I ALSO AUTHORIZE LISTED EMPLOYERS, REFERENCES, AND LAW ENFORCEMENT AUTHORITIES WITHOUT LIABILITY, TO MAKE FULL RESPONSE TO ANY INQUIRY BY GRAF BROTHERS FLOORING AND ITS REPRESENTATIVES. I HAVE APPLIED FOR A POSITION WITH THIS ORGANIZATION AND I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT ON MY REFERENCES. INITIAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DRUG TESTING POLICY & SIGNATURE

BY SIGNING BELOW I UNDERSTAND THE FOLLOWING POLICY: GRAF BROTHERS FLOORING'S OFFER OF EMPLOYMENT IS CONDITIONAL UPON THE APPLICANT SUBMITTING TO AND PASSING A DRUG SCREEN TEST. REFUSAL TO SUBMIT TO RANDOM DRUG/ALCOHOL SCREENING TESTS WILL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF EMPLOYED HERE AT GRAF BROTHERS FLOORING, I CAN AND MOST LIKELY WILL BE SUBJECT TO RANDOM DRUG SCREENS THROUGHOUT MY EMPLOYMENT. I UNDERSTAND THAT RANDOM DRUG SCREENS COME WITHOUT PRIOR WARNING OR NOTIFICATION AND REFUSAL TO COMPLETE A RANDOM DRUG SCREEN WILL RESULT IN MY TERMINATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_