



APPLICATION FOR EMPLOYMENT

Equal access to programs, services 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 Resources Department

Position(s) applied for _____ Date of Application ____/____/____

Name: _____

Last First Middle

Address: _____

Street City State

Zip Code

Telephone # (____) _____ Cell # (____) _____ SS # ____-____-____ Date of Birth: ____-____-____

If you are under 18, and it is required, can you furnish a work permit?..... Yes ____ No ____

Have you ever been employed here?..... Yes ____ No ____

Are you legally eligible for employment in this country?..... Yes ____ No ____

Date available for work..... ____/____/____

Type of employment desired: ____ Full-Time ____ Part-Time ____ Temporary ____ Seasonal ____ Other ____

Are you able to meet the attendance requirements of the position?..... Yes ____ No ____

Are you able to lift over 50 pounds..... Yes ____ No ____

Have you been convicted of a crime in the last seven (7) years?..... Yes ____ No ____

If yes, please explain _____

Conviction will not necessarily be a bar to employment. The violation will be considered in relation to the position for which you are applying.



Driver's license number if driving is an essential part of the
job_____State_____

In order to be hired with the company, you will be required to pass a Drug & Alcohol Pre-Employment Test and your driving record must meet our insurance company's requirements for insurance.

Employment History

Provide the following information from your past to current employment, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of your work & job responsibilities	
Reason for Leaving		Hourly Rate/Salary Per Start \$ Per Final \$	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of your work & job responsibilities	
Reason for Leaving		Hourly Rate/Salary Per Start \$ Per Final \$	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of your work & job responsibilities	



Reason for Leaving	Hourly Rate/Salary		
	Per	Start \$ Per	Final \$

Skills & Qualifications

Summarize any training skills, and/or certificates that may qualify you as being able to perform job-related functions in the positions for which you are applying

Educational Background

Name & Location	Years Completed	Did you graduate?	Course of study
High School			
College		Major/Degree	
Other			

References

Name	Telephone	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate discharge from the employer's service, whenever it is discovered.



I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard back from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at anytime, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at anytime 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 representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by authorized officer.

I understand it is the Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Nexus Solutions requires per-employment, post-accident and random drug and alcohol testing.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

Print Applicant Name