

# Solutions, Inc.

## Employment Application Form

Applicant Instructions - If you need help filling out this application form or during any phase of the employment process, please notify the person that gave you this form or our [HR Department](#) and every effort will be made to accommodate your needs in a reasonable amount of time.

1. This application form is intended for evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination of sex, marital status, race, creed, national origin, age or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.
2. Complete all four pages.
3. If more space is needed to complete any question, use the comments section on the last page.
4. Print clearly if filling out manually; incomplete or illegible applications will not be processed.

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Name (last, first, middle): \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **AVAILABILITY**

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer? Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_

For which schedules are you available? Weekdays \_\_\_ Weekends \_\_\_ Evenings \_\_\_ Nights \_\_\_ Overtime \_\_\_

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**EDUCATION**

Please mark the highest grade completed. 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ 13 \_\_\_ 14 \_\_\_ 15 \_\_\_ 16 \_\_\_ 16+ \_\_\_

If your school records are under a different name, please enter that name:

\_\_\_\_\_

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_ Degree? \_\_\_

College \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_ Degree? \_\_\_

Other \_\_\_\_\_ City/State \_\_\_\_\_ Graduate? \_\_\_ Degree? \_\_\_

\_\_\_\_\_

**SECURITY**

List states and counties of residence for the past seven years:

Have you used any names or Social Security numbers other than those on this page?

Yes \_\_\_ No \_\_\_ \*If answered Yes, please list:

Have you been convicted of, or served time for a felony in the past seven years?

Yes \_\_\_ No \_\_\_ \*If answered Yes, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction).

Incident: \_\_\_\_\_ City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

Incident: \_\_\_\_\_ City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

\_\_\_\_\_

**JOB-RELATED SKILLS** – NOTE: Do not fill out any part of this section you believe to be non-job related.

Languages you are fluent in: \_\_\_\_\_

If the job requires, do you have a valid driver’s license? Yes \_\_\_ No \_\_\_

DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you had any moving violations? Yes \_\_\_ No \_\_\_ Please describe: \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or Company:

Have you been given a job description or had the requirements of the job explained to you? Yes \_\_\_ No \_\_\_

Do you understand these job requirements? Yes \_\_\_ No \_\_\_ NA \_\_\_

Can you perform the requirements of this job with or without reasonable accommodations? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

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**PREVIOUS EMPLOYERS** - NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. FOR EMPLOYERS OUTSIDE OF THE UNITED STATES, A CURRENT FAX NUMBER IS MANDATORY.

Most recent employer – Are you currently working for this employer? Yes \_\_\_ No \_\_\_

If you answered Yes, may we contact this employer? Yes \_\_\_ No \_\_\_

1. **Company Name:** \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. **Company Name:** \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. **Company Name:** \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES** – Include only individuals familiar with your work activity. Do not include relatives.

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**COMMENTS:**

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**CERTIFICATION and RELEASE:** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and /or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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OFFICE USE: