



Pre-Employment Application

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. I also understand that I may be required to complete additional testing to fulfill the application process. The company requests three (3) days advance notice for any accommodations necessary to complete the application process. The company will make every reasonable effort to provide an effective accommodation, if feasible.

Name: _____ Date: ____/____/____

Present Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Home Phone: _____

Are you over 21? yes no

Are you employment authorized to work in the U.S. for any employer? yes no

Have you ever been convicted of, plead guilty to, or served probation for any crime (excluding minor traffic violations) including DWI? yes no

If yes, state the offense, location, date and disposition: _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have any obligations or other reasons, which would limit your ability to travel or work overtime?

yes no If yes, please explain: _____

Would you be willing to relocate? yes no

Driver's License #: _____ State: _____ Type: _____

EMPLOYMENT DESIRED:

Are you seeking: full-time part-time temporary or summer employment

Position applying for: _____ Salary desired: _____

Do you have any friends/relatives working for our company? yes no

Name of employee: _____

Have you ever applied/worked for our company before? yes no

If yes, please state when and where you applied and/or worked: _____

How did you learn of our company and/or position? _____

Are you now or do you expect to be engaged in any other business or employment?

yes no

Are there any days or hours you would be unable or unwilling to work? yes no

If yes, please specify those days or hours you would be unable or unwilling to work: _____

Are there any reasons why you would be unable to perform the tasks involved in the position you are applying for? yes no

If yes, please state reasons: _____

EDUCATION:

Name, Address and Location	Courses Studied
High School	
College	
Trade School	

Use this space below to describe why you are interested in working for our company. List those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

WORK HISTORY:

List names of employers in order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Although a resume may be attached, this section must be completed.

PLEASE LIST MONTH AND YEAR

List Last Job First	Company Name and Address	Nature of Business	Pay	Position and Duties	Reason for Leaving	Supervisor and Phone #
From			\$			Name
To			\$			Phone
From			\$			Name
To			\$			Phone
From			\$			Name
To			\$			Phone
From			\$			Name
To			\$			Phone
From			\$			Name
To			\$			Phone

List three references, not relatives or former employers.

NAME	ADDRESS	PHONE

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, and misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Offsite HR to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against those individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody at Offsite HR, is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Managing Member of Offsite HR. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____ / ____ / ____

Release of Records

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by HR&P Solutions, Inc., and any of its affiliates or subsidiaries (HR&P) and its consumer reporting agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for HR&P Solutions, Inc., and any of its affiliates or subsidiaries (HR&P) to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I hereby authorize HR&P to release any and all these records to any client, customer, or agent of HR&P. I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights. I acknowledge receipt of the Disclosure For Consumer Reports.

To view your rights you may visit <https://www.consumerfinance.gov/learnmore/> or click this link.

If you have any questions concerning this background screening content, or need a copy of your report, please contact HR&P's Human Resources Department at (877) 880-4477.

List the last 7 years of residency: (starting with the most recent ATTACH ADDITIONAL PAGES IF NECESSARY)

Address		From Month / Year	To Month / Year
City	County	State	Zip Code

Address		From Month / Year	To Month / Year
City	County	State	Zip Code

Address		From Month / Year	To Month / Year
City	County	State	Zip Code

Address		From Month / Year	To Month / Year
City	County	State	Zip Code

Address		From Month / Year	To Month / Year
City	County	State	Zip Code

First Name and Middle Initial	Last Name	Date of Birth	Social Security Number
Driver's License Number	DL State	DL Class	Other Names Used

Signature _____

Date _____