



Employment Application

The Emmer Group is an equal opportunity employer. Personnel are chosen on the basis of ability and qualification without regard to race, color, religion, sex, age, national origin, marital status or disability in compliance with federal, state and municipal laws.

Name: _____ Date: _____
Last First M.I.

Present Address: _____
Number/Street City State Zip Code

Telephone Number: _____/_____ Daytime Phone: _____/_____ Social Security Number: _____

Have you ever worked for this Company before? Yes No If yes, give dates and position: _____

Position Applied for: _____ Part time Full time Desired Salary: \$ _____

Have you ever used another name? Yes No If yes, give name(s): _____

Emergency Contact: _____ Relation: _____ Telephone Number: _____/_____

Do you have any friend or relative working for the company? Yes No If yes, state name and relationship: _____

Do you have transportation to and from work? Yes No Can you travel if the job requires it? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

If accommodations are needed, please describe them: _____

Are you available to work weekends or evenings if the job requires it? Yes No

Can you show proof of your eligibility to work in the U.S.? Yes No

Note: Answer yes to the following two questions does not constitute an automatic bar to employment. Factor such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infraction, and conviction for which the record has been sealed or expunged.)

Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony? Yes No If yes, please give the date(s) and details: _____

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial? Yes No

Employment Record

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of employer	Date employed (Mo/Yr) From ___/___ To ___/___	Your title or position	Starting Salary	Final Salary
Address of company		Number of people you supervised	Name and title of your immediate Supervisor	
Phone ()		Describe your work in detail: Full time Part time		
May we contact this employer? [] Yes [] No		Reason for leaving		

Account for periods of unemployment between positions: _____

Name of employer	Date employed (Mo/Yr) From ___/___ To ___/___	Your Title or position	Starting Salary	Final Salary
Address of company		Number of people you supervised	Name and title of your immediate Supervisor	
Phone ()		Describe your work in detail: Full time Part time		
May we contact this employer? [] Yes [] No		Reason for leaving		

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Address of company		Number of people you supervised	Name and title of your immediate Supervisor	
Phone ()		Describe your work in detail: Full time Part time		
May we contact this employer? [] Yes [] No		Reason for leaving		

Account for periods of unemployment between positions: _____

Have you ever been terminated or asked to resign from any job? [] Yes [] No If yes, please give explain circumstance: _____

Education

School Name	Years Completed (circle)	Diploma/Degree	Describe course of study or major
Elementary:	4 5 6 7 8		
High School:	9 10 11 12		
College/University:	1 2 3 4		
Graduate/ Professional:	1 2 3 4		
Trade or Correspondence:			

Have you ever been a member of the U.S armed service or state military [] Yes [] No

References

List three people that can verify your work ability. (Not related to you).

Name	Address	Business or Position	Phone Number

Applicant's Agreement

I certify that the information contained in the application is correct to the best of my knowledge. I authorized investigation of all matters contained in the application and agree that any misleading, false or omitted information is cause for rejection of this application and is cause for dismissal after employment, regardless of when such false or omitted information is discovered.

I authorize the use of any information contained in this application to verify my statement, and I authorize my past employers and all listed references to answer all questions concerning my ability, character, reputation and previous employment records.

I understand that employment with Emmer Group is contingent upon receipt of satisfactory employment and/or personal references and once an offer has been extended, conditioned upon the satisfactory completion and result of a drug screening test.

I understand and agree that once employed, the Emmer Group may require additional drug testing in accordance with the Drug Free Workplace policy. I agree to be employed on a ninety (90) day introductory period and will read and acknowledge the Employee handbook and abide by all present and subsequently issued personnel policies.

Signature of Applicant: _____