



## Educational Background:

	Name & Location	Course of Study	Did you graduate?	Degree, Diploma or GED?
High School				
College				
Technical School				
Graduate School				

## Previous Employers and Addresses:

Place an "X" by the employer(s) you do not want us to contact. List the most recent employer first.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name or Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Wage: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name or Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Wage: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name or Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Wage: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name or Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Last Wage: \$ \_\_\_\_\_

**Professional References:**

Name	Contact Information	Title/Company	Years Known
	Work: Home: Email:		
	Work: Home: Email:		
	Work: Home: Email:		

**PLEASE SIGN**

This application for employment shall be considered active for a period of time not to exceed one (1) year.

**My signature indicates that:**

- I certify all of the answers given herein are true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected, and if employed, my employment may be terminated at any time.
- I authorize investigation of all statements contained in this application for employment as may be necessary to make an employment decision. I authorize ESR, Inc. to investigate my background and ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information.
- I understand that I will be requested to complete a criminal background check and a controlled substances and alcohol misuse test prior to employment. I understand that any offer of employment is contingent upon the findings of these requests.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT-WILL" nature, which means that the Employee may resign at any time and the Employer may terminate at any time with or without cause. It is further understood that this "AT-WILL" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.
- I understand that I am required to abide by all rules and regulations of the employer.
- I authorize the individual, company, or institution to contact the above references. I release them from liability which may result from furnishing information.

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

**APPLICATION ADDENDUM FOR EMPLOYMENT REQUIRING DRIVING**

**DRIVER LICENSES:** (list all licenses held in past 3 years and indicate those that are current)

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT (S)	EXPIRATION DATE
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Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?      Yes  No

**If you answered YES to the above questions, give details:** (if additional space is needed, attach sheet)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS:** (Other than parking)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY
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**DRIVING EXPERIENCE: Can be your own personal vehicle or other company's vehicle**

TYPE OF VEHICLE	DATES TO/FROM	APPROX. NO. OF TOTAL MILES
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**ACCIDENT RECORD FOR PAST 3 YEARS:** (if additional space is needed, attach sheet)

DATE	LOCATION	NATURE OF ACCIDENT	FATALITIES	INJURIES
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**LIST SPECIAL TRAINING RELATED TO TRANSPORTATION:**

(attach sheet if additional space is needed)

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a driving record check.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

## NEW EMPLOYEE EEO SURVEY

Individuals seeking or having employment are considered for all positions without regard for race, color, gender identity/sex, national origin, age religion or creed, disability or veteran status. As employers and government contractors, we comply with government recordkeeping requirements and affirmative action obligations. Solely to help us comply with these requirements and obligations, we ask you to provide this information. Completing this information is voluntary. All information provided will be kept confidential.

**Position(s) have/applying for:** (please print) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** (please print) \_\_\_\_\_

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### Race/Ethnicity

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

### Gender Identity/Sex

- Female
- Male

**Disability:** A person has a disability if he or she has a physical or mental impairment or medical condition that substantially limits a major life activity or has a history or record of such impairment or medical condition.

Disabilities include but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis, missing or partially missing limbs, post-traumatic stress disorder, obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability.

- YES, I have a disability (or have previously had a disability)
- NO, I do not wish to identify as having a disability
- NO, I do not wish to answer

Based on the position(s) you now have, do you have any physical or mental conditions for which you would require any accommodations? Examples of reasonable accommodation include making a change to work procedures, providing an alternate format, using a sign language interpreter or any specialized equipment.

- YES, I require accommodations  
Explain: \_\_\_\_\_
- NO, I do not require accommodations

### Veteran (United States Ground Naval or Air Force):

- I am a **Disabled** veteran - a veteran who is (i) entitled to compensation (of who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- I am a **Recently Separated** veteran – which means a veteran during the three-year period beginning on the date of discharge or release from active duty. **Discharge Date:** / /
- I am an **Armed Forces Service Medal** veteran who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- I am an **Active Duty/Wartime Campaign Badge** veteran who served on active duty in the U.S. Military during a war or in a campaign or expedition for which a campaign badge has been authorized