

# Dollars Signs Inc.

## APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. This application is current only for sixty (60) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. Facility name will make reasonable accommodations in the application process if needed.

### GENERAL INFORMATION

Full Name \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone # (days) \_\_\_\_\_ Phone # \_\_\_\_\_  
(eves) \_\_\_\_\_

### **POSITION AND WORK SCHEDULE**

Position sought: \_\_\_\_\_

Referred by (agency, newspaper, person) \_\_\_\_\_ Date available for work \_\_\_\_\_

Employment Preference: Full \_\_\_\_\_ Part \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Have you ever worked for this company before? If yes, when and where? \_\_\_\_\_

Do you currently have any relatives working for Dollar Signs Inc.? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, which location? \_\_\_\_\_

Are you a citizen of the United States or authorized to work in the United States? \_\_\_\_\_ yes \_\_\_\_\_ no  
(Federal Law requires proof of identity and employment authorization for all new employees)

Are you over 18 years of age? \_\_\_\_\_ yes \_\_\_\_\_ no

For Driving job only: Do you have a valid driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no License # \_\_\_\_\_ State \_\_\_\_\_

Would you take a physical examination (including but not limited to urine, blood or other examination) for evidence of drug or other illegal chemical use, as applicable by state law guidelines?

Have you ever been convicted of abuse or any criminal offense? If yes, please explain: \_\_\_\_\_  
(The licensing agency requires criminal history and misconduct registry checks)

### **EDUCATION AND SKILLS**

Name of School	Address	Circle Last Year Completed	Degree or Subject
_____	_____	9 10 11	_____
_____	_____	1 2 3	_____
4	_____	_____	_____
_____	_____	1 2 3	_____
4	_____	_____	_____
_____	_____	1 2 3	_____
4	_____	_____	_____

## EMPLOYMENT HISTORY

Starting with your present or most recent employer, list employers, including self-employment, summer part-time.

**Present Employer** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Former Employer** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Past Employer** \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Ending salary \$ \_\_\_\_\_

Position \_\_\_\_\_ Starting job description \_\_\_\_\_ ending job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever worked under another name: If yes, please give the name you worked under and company(s) for which you worked?

\_\_\_\_\_

## PERSONAL REFERENCES

(Please do not list former employers or relatives)

Name

Address

Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Use the space below to describe your interest in our facility, along with the job-related skills and aptitudes you feel qualify you for a position with us. If you need more space, please continue on the backside of this sheet. You should exclude any information, which discloses that you are a member of a protected class.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

Dollar Signs Inc. is an equal opportunity employer and considers all applicants on the basis of job qualifications without regard to race, color, religion, age, sex, national origin, citizenship, disability, marital status, sexual orientation, veteran or current military status or family composition. Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. If you have any questions, the interviewer will be happy to help you.

I understand that any job offer that may be extended to me may be contingent upon the successful completion of a drug and alcohol test.

I understand that a criminal history and misconduct registry check will be conducted.

I certify that all the statements made by me on this application are true, complete, and correct to the best of my knowledge. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job –related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that neither this application nor any written personnel procedure manual or employee handbook is an expressed or implied contract of permanent employment. I further understand that my relationship with Dollar Signs Inc. is “at-will” and for an unspecified term and that Facility name and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I hereby acknowledge that I have read and understand the above statement. I have had an opportunity to have my questions about this statement’s content and intent answered and understands its terms.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**EMPLOYEE INFORMATION RELEASE**

I authorize Dollar Signs Inc. to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with Dollar Signs Inc. I hereby release and hold Dollar Signs Inc., harmless from any claim for releasing any truthful information within its knowledge and/or records.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

I \_\_\_\_\_ agree that, as a condition of employment, I will not make copies or remove information from Dollar Signs Inc., including forms and/or policies and procedures, without the express written permission of the Management Agent.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

