### **C:\Users\jjoyce\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\HIKW7C4W\InSource_Logo_on_white_800x300.jpg**

### **Employment Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | First Name | | | | | | | | | M.I. | | Date | |  | |
| Street Address | | |  | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | State |  | | | | | | | | Zip | | | | | |
| Phone |  | | | | | | | | | E-mail Address | | |  | | | | | | | | | | | |
| Are you legally eligible to work in the United States? | | | | | | YES | | | NO | | Are you at least 18 years old or older? | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | YES | | | NO | | If so, when? | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Job Interests | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applied for | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date Available | | |  | | | | Location of Interest | | | |  | | | | | | | Desired Salary | | |  | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  YES  NO  NO  If so, when? | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you r been convicted of a felony in the last 10 years? YES  NO  Answering yes does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, along with position applied for will be taken into account.  If yes, explain, including dates and location of convictions.  NO  If so, when? | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | **Address, City State** | | | | **Major** | | | | | | | **Last Year Completed** | | | | | **Degree** | | | | |
| High School | | | |  | | | |  | | | | | | | 1 2 3 4 | | | | |  | | | | |
| College | | | |  | | | |  | | | | | | | 1 2 3 4 | | | | |  | | | | |
| Graduate | | | |  | | | |  | | | | | | | 1 2 3 4 | | | | |  | | | | |
| Other | | | |  | | | |  | | | | | | | 1 2 3 4 | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | |  | | | | Date Entered | | | |  | | | | | | | Date Discharged | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills and Qualifications | | | | | | | | | | | | | | | | | | | | | | | | |
| Summarize any training, skills, licenses and/or certifications that may qualify you to perform the job for which you are applying. | | | | | | | | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | Phone | | | | ( ) | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | Phone | | | | ( ) | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | Relationship | | | | |  | | | | | | | |
| Company | |  | | | | | | | | | | Phone | | | | ( ) | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment Begin with your present or most recent job. Work backward, including all regular jobs held during the last 10 years. If necessary, attach a page to capture the full 10 years. Please provide all information requested even if you have submitted a resume. | | | | | | | | | |
| Company | | | | From (Mo/Yr) | To (Mo/Yr) | Beginning Job Title | | | Ending Job Title |
| Address, City, State, Zip | | | | Supervisor | | Beginning Annual Earnings | | | Ending Annual Earnings |
| Job Title/Duties | | | | | | Phone Number | | Full Time  Part Time | |
| Reason for Leaving | | | | | | | | | |
|  | | | |  |  |  | | |  |
| Company | | | | From (Mo/Yr) | To (Mo/Yr) | Beginning Job Title | | | Ending Job Title |
| Address, City, State, Zip | | | | Supervisor | | Beginning Annual Earnings | | | Ending Annual Earnings |
| Job Title/Duties | | | | | | Phone Number | | Full Time  Part Time | |
| Reason for Leaving | | | | | | | | | |
|  | | | |  |  |  | | |  |
| Company | | | | From (Mo/Yr) | To (Mo/Yr) | Beginning Job Title | | | Ending Job Title |
| Address, City, State, Zip | | | | Supervisor | | Beginning Annual Earnings | | | Ending Annual Earnings |
| Job Title/Duties | | | | | | Phone Number | | Full Time  Part Time | |
| Reason for Leaving | | | | | | | | | |
|  | | | |  |  |  | | |  |
| Company | | | | From (Mo/Yr) | To (Mo/Yr) | Beginning Job Title | | | Ending Job Title |
| Address, City, State, Zip | | | | Supervisor | | Beginning Annual Earnings | | | Ending Annual Earnings |
| Job Title/Duties | | | | | | Phone Number | | Full Time  Part Time | |
| Reason for Leaving | | | | | | | | | |
|  | | | | | | | | | |
| Periods of Unemployment Account for all periods of unemployment or two weeks or more. | | | | | | | | | |
| **From** | | **To** | | | | | State what you were doing. | | |
| Month | Year | Month | Year | | | |  | | | |
| Month | Year | Month | Year | | | |  | | | |
| Month | Year | Month | Year | | | |  | | | |
|  | | | | | | | | | |
| References | | | | | | | | | |
| Please list three professional references. | | | | | | | | | |
| Full Name | | Company | | | | | Phone | | |
| Full Name | | Company | | | | | Phone | | |
| Full Name | | Company | | | | | Phone | | |
| May we contact your previous supervisors for a reference? | | | | | | | | | |
| Have you ever been discharged or asked/forced to resign by an employer? If yes, why? | | | | | | | | | |

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| --- | --- |
| Disclaimer and Signature. Please read carefully before signing. Ask for clarification if needed. | |
| InSource is an equal opportunity employer. It is our policy and practice to recruit, employ, train, compensate, promote, appraise, and conduct all other activities relating to our staff without regard to race, religion, color, national origin, sex, age or disability.  If I am employed by InSource, I will abide by all rules and regulations and all regulatory authorities which have jurisdiction over it. I recognize that InSource may be required by rule or regulation to make certain reports, filings and disclosures to governing bodies. I agree to hold InSource harmless with respect to any information incorporated within such report, filing or other document.  I understand that all business and client information which comes to my attention is to be strictly confidential and never discussed outside InSource.  This application for employment, the Company’s employee handbook, and any other document, statement or promise either expressed or implied is not to be considered an offer for employment, a contract of employment, a guarantee of continued employment, or a guarantee of wages or benefits. Employment with the company is not for a definite duration and can be terminated by the me or by InSource at any time, with or without notice, and for any reason whatsoever. I understand that no manager or representative of the company, other than its president or his/her designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now or in the future. I understand that such an agreement must be in writing and signed by the president for it to be binding on either myself or the company, I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary. If employed, I understand that my terms or conditions of employment may be changed or terminated at the employer’s will.  I also understand that while employed, if my behavior should raise any question about my physical or mental condition to satisfactorily perform my job responsibilities, I may be required to be tested for the presence of alcohol, drugs, or controlled substances.  I certify that all statements on the application are true and complete to the best of my knowledge and I have with held nothing that would affect my application unfavorably. If employed, I understand any false information, misrepresentation, or omission, whenever discovered, may preclude an offer of employment , may result in the withdrawal of an offer, or may result in my discharge from employment if I am already employed at the time. I acknowledge that I have read the above statements and understand them. I authorize InSource to solicit and obtain from former employers, colleagues, and other persons who know me, information that would be helpful in making a decision about my employment. | |
| Signature | Date |

**This application for employment is good for 60 days only, or until the open position being applied for is cancelled or filled. Consideration for employment after 60 days, other than for the position applied for as designated above, requires a new application.**