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

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| Applicant Information |
| **Last Name** |  Click or tap here to enter text. | **First** |  Click or tap here to enter text. | **M.I.** Click or tap here to enter text. |
| **Street Address** |  Click or tap here to enter text. | **Apartment/ Unit #** | Click or tap here to enter text. |
| **City** |  Click or tap here to enter text. | **State** |  Click or tap here to enter text. | ZIP Click or tap here to enter text. |
| **Phone** |  Click or tap here to enter text. | **E-mail Address** |  Click or tap here to enter text. |
| **Are you a citizen of the United States?** | Choose an item. | **If no, are you authorized to work in the U.S.?** | Choose an item. |
| **Have you ever worked for this company?** | Choose an item. | If so, when? Click or tap to enter a date. |
| Job Interest |
| **Position Applied for** | Click or tap here to enter text. | **Location of Interest** | Choose an item. |
| **Date Available** | Click or tap to enter a date. | **Desired Salary** |  $ Click or tap here to enter text. |
| **Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?** | Choose an item. |
| Education |
| **Education** | **Name of School, City and State** | **Major** | **Years Complete** | **Degree** |
| **High School** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| **College** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| **Graduate** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. |
| Military Service |
| **Branch of Service** | Choose an item. | **Date Entered** | Click or tap to enter a date. | **Date Discharged** | Click or tap to enter a date. |
| **Rank at Discharge** | Click or tap here to enter text. | **Type of Discharge** | Click or tap here to enter text. |
| **If other than honorable, explain** | Click or tap here to enter text. |

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| Previous Employment – Begin with your present or most recent position. Include all regular positions 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** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | **Supervisor** | Click or tap here to enter text. |
| **Job Title** | Click or tap here to enter text. | **Starting Salary** | $ Click or tap here to enter text. | **Ending Salary** | $ Click or tap here to enter text. |
| **Responsibilities** | Click or tap here to enter text. |
| **From** | Click or tap here to enter text. | **To** | Click or tap here to enter text. | **Reason for Leaving** | Click or tap here to enter text. |
| **May we contact your previous supervisor for a reference?** | Choose an item. |
|  |
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| **Responsibilities** | Click or tap here to enter text. |
| **From** | Click or tap here to enter text. | To | Click or tap here to enter text. | **Reason for Leaving** | Click or tap here to enter text. |
| **May we contact your previous supervisor for a reference?** | Choose an item. |
| PERIODS OF UNEMPLOYMENT (Account for all periods of unemployment for two weeks or more) |
| **FROM** | **TO** | **Reason for Period of Unemployment** |
| **Month** | Click or tap here to enter text. | **Year** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Month** | Click or tap here to enter text. | **Year** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Month** | Click or tap here to enter text. | **Year** | Click or tap here to enter text. | Click or tap here to enter text. |
| 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 owner’s manual, 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 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 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 withheld 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 deciding about my employment. |
| **Signature** |  Click or tap here to enter text. | Date | Click or tap to enter a date. |

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