

Application for Employment

It is the policy of Excorde, Inc. to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

The information requested on this application is intended to be used by Excorde, Inc. in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in Excorde, Inc. being unable or unwilling to offer employment to you.

PRINT clearly with ink or **TYPE**.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING							
DATE OF APPLICATION			SOCIAL SECURITY NUMBER				
<input type="text"/> <input type="text"/> MONTH	<input type="text"/> <input type="text"/> DAY	<input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Last Name		First Name		Middle Name		May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address				Apt. No.		Home Phone	
City				State		Zip Code	
						Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a United States Citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Driver's License No.			State Issued		Class	
Please provide Driver's License Number:						
Have you had any moving violations in the past five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain.						

Have you been convicted of a felony or crime? (Conviction will not necessarily disqualify you from employment) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide details on a separate sheet and attach.	
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Are you a present employee of Excorde, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Check Status:		Regular <input type="checkbox"/>		Probationary <input type="checkbox"/>	
				Temporary <input type="checkbox"/>		Other <input type="checkbox"/>	
Are you a past employee of Excorde, Inc.?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you be interested in temporary employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				If yes, check appropriate box: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>			
Are you on layoff and subject to recall?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you filed an application here before? No <input type="checkbox"/> Yes <input type="checkbox"/> When? _____			

EDUCATION/TRAINING: Did you graduate from a High School or receive a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>																							
High School Attended										Location													
How many years of formal education have you had? (Circle One) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20																							
Name and Address of College, University, Technical, Professional, Business, Trade, Vocational or Other School.												No. Credits Earned		Cert. or Degree		Major				Minor			

If position requires certificate, registration, or occupational license, please provide information:		
Type	Number	Expiration Date

Applicant: Should you have a handicap or disability that would prevent you from testing for a position under standard conditions, please notify Human Resources so that every reasonable effort can be made to accommodate you.

WORK EXPERIENCE: BE COMPLETE. Experience and training ratings are determined by the information you provide and your score will depend upon it. **DO NOT MARK APPLICATION "SEE RESUME."** Account for ALL your time. Applications will be rejected if incomplete. **COMPLETE THE DATES OF EMPLOYMENT SECTION FOR ALL POSITIONS OCCUPIED.**

Present or last employer		Address		City	State	Zip
Job title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME YRS.	MOS.	<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART-TIME _____ HRS./WK.
Reason for leaving				STARTING SALARY	LAST SALARY	
Specific duties						

Second last employer		Address		City	State	Zip
Job title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME YRS.	MOS.	<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART-TIME _____ HRS./WK.
Reason for leaving				STARTING SALARY	LAST SALARY	
Specific duties						

Third last employer		Address		City	State	Zip
Job title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME YRS.	MOS.	<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART-TIME _____ HRS./WK.
Reason for leaving				STARTING SALARY	LAST SALARY	
Specific duties						

Fourth last employer		Address		City	State	Zip
Job title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME YRS.	MOS.	<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART-TIME _____ HRS./WK.
Reason for leaving				STARTING SALARY	LAST SALARY	
Specific duties						

FOR ADDITIONAL RELEVANT WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM.

List any additional information you feel may be important for us to know in evaluating your application, e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments, computer hardware and software skills.

READ AND SIGN

I certify that the answers I have given on this Application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute grounds for my immediate dismissal should I be employed by Excorde, Inc. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by Excorde, Inc. Until such approval, Excorde, Inc. shall not be liable for reliance on any oral or written offers of employment made to me. In connection with this Application, I hereby authorize any and all current and former employees, organizations where I have volunteered ("volunteer organizations") references named in this Application, or any agent of such a current or former employer or volunteer organization, to release to Excorde, Inc. and its agents any other employment or related information. I understand Excorde, Inc. will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

I hereby release Excorde, Inc. and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Excorde, Inc., former employees, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Applicant's Signature _____