



# EMPLOYMENT APPLICATION

**PERSONAL INFORMATION** *Please ensure that all information requested is provided. PRINT LEGIBLY*

<b>Date:</b>	<b>Social Security No.:</b>								
<b>Legal First Name:</b>			<b>Legal Last Name:</b>			<b>Middle Initial:</b>			
<b>Street Address:</b>						<b>Apartment/ Unit#:</b>			
<b>City:</b>			<b>State:</b>			<b>ZIP:</b>			
<b>Telephone: ( ) -</b>		<b>Cell: ( ) -</b>		<b>Cell Carrier:</b>					
<b>Do you have a valid Driver License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Best Method of Contact:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Text				<b>May EDI contact you via text message with information on open positions and other employment related matters?</b> <input type="checkbox"/> Yes (Standard text messaging rates may apply.) <input type="checkbox"/> No					
<b>Email address:</b>									
<b>Emergency Contact/ Relationship:</b>						<b>Emergency Contact Number: ( ) -</b>			

**APPLICATION INFORMATION**

**Type of Position(s)** *Beginning with the most desired, please list which types of positions you are seeking.*  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_

**Acceptable wages:** \$ \_\_\_\_\_ per hour      **How did you hear about us?**  Newspaper  Yellow Pages  Craigslist  Other:

**Are you legally eligible for employment in the US?**  Yes  No      **Have you been employed by our company in the past?**  Yes  No  
**If Yes, what year?** \_\_\_\_\_      **Which customers did you work for?** \_\_\_\_\_

**By what means of transportation do you have?**  Own Transportation  Public Transportation  Shared Transportation  Bicycle  Other:

**Do you have any friends, relatives or acquaintances working for our company?**  Yes  No  
**If yes, state the name, relationship to you and where they are working:** \_\_\_\_\_

**If hired, are you willing to submit to and pass a controlled substance test?**  Yes  No

**Are you bilingual?**  Yes  No  
**If yes, what languages can you speak:** \_\_\_\_\_ **Write:** \_\_\_\_\_ **Read:** \_\_\_\_\_

**AVAILABILITY**

<b>Are you currently working?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, when?</i>	<b>First date you are available to work?</b>	<b>How far are you willing to travel to work each day?</b>
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**Schedule of Availability** *Please use the space below to indicate what time(s) you are available during the week. For days you are NOT available, please note N/A.*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**EDUCATION**

<b>Name of School</b>	<b>Years Completed</b>	<b>Course of Study</b>	<b>Did you graduate?</b>
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

**REFERENCES**

<b>Name</b>	<b>Telephone Number</b>	<b>How long have you known this person?</b>
	( ) -	
	( ) -	
	( ) -	

**PREVIOUS EMPLOYMENT** Please begin with your present or last job. Include military service and volunteer assignments. Please include all relevant experience for previous 10 years.

<b>Company Name:</b>	<b>Type of Company?</b>	<b>Job Title:</b>	
Address:	Phone:	From:	To:
		Name of Supervisor/ Title:	

Job duties:	Reason for leaving:
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Were you placed here by an Employment service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the name of the staffing firm?
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Address:	Phone:	From:	To:
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Address:	Phone:	From:	To:
		Name of Supervisor/ Title:	

Job duties:	Reason for leaving:
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Were you placed here by an Employment service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the name of the staffing firm?
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<b>May we contact any of the above company supervisors for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which companies? (Please list)
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**SKILLS AND QUALIFICATIONS** Summarize any training, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job functions for the position which you are applying.


**Disclaimer/ Permission Statements** (Please acknowledge you have read the below statements by signing below.)

- I acknowledge Employers Depot, Inc. (EDI) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, EDI complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall/ transfers, leaves of absence, compensation and training.
- EDI expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, veteran status, citizenship status, ancestry, pregnancy, marital status or political ideology.
- Your employment with EDI is a voluntary one, and is subject to termination by you or EDI at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of EDI employees. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President of EDI.
- I authorize EDI in its usual course of business, to furnish my resume together with all job related information provided by me to any prospective employer to be used to determine my eligibility for job placement.
- I authorize EDI to contact my previous employers (those permitted above) and other persons listed above to release and/or verify information specifically related to previous job performances and other related data.
- I acknowledge that the client company I may be placed at cannot re-assign me to another entity of the client company and/or another sub-contractor, or staffing firm, unless certain conditions have been met in agreement with our Client company (ies).
- I agree to contact EDI every Monday and Friday with my current availability. Should I fail to contact EDI on the requested days, I acknowledge EDI may assume I am no longer available for placement.
- I acknowledge the information I have provided on this application is true and complete. I understand that providing false, incomplete or misleading information to the company will result in dismissal of this form and refusal of employment.
- I acknowledge that, regardless of the temporary assignment location, EDI is my employer. In the event I am injured while on job assignment, I will contact EDI immediately.

Print full legal name: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR EDI OFFICE USE ONLY**

<b>TEST SCORES:</b>			
Spelling:	Mathematical:	Filing ( <i>Numeric</i> ):	Alphabetical:
Checking/ Proofreading:	Grammar:	Typing:	Data Entry:
<b>REMARKS:</b>			
<b>APPLICANT RATING (1-5; 5 being the highest)</b>			
<b>Communication:</b>		<b>Presentation:</b>	<b>Enthusiasm:</b>
<b>Languages:</b>  <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		<b>Type of Position:</b>  <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary to Hire <input type="checkbox"/> Permanent	<b>Overall Rating:</b>  <b>Misc. Comments:</b>

Consultant: \_\_\_\_\_

Date: \_\_\_\_\_