



EMPLOYMENT APPLICATION

DIRECTIONS: Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several different positions. Some questions may not be applicable to the job you are seeking; however, we ask that you answer all questions.



Employment Application

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of positions. Some questions may not be applicable to the position you are seeking; however, we ask that you answer all questions.

Last Name:	First Name:	Middle Name:
Date:	Home Phone:	Business Phone:
SSN:	Are you at least 18 years of age? _____ Yes _____ No	
Street Address:		
City:	State:	Zip Code:
Have you ever been involuntarily terminated? _____ Yes _____ No If so, why?		
If hired, can you provide verification of your legal right to work in the United States? _____ Yes _____ No		
What pay rate are you looking for?:		
If required for the job, do you have a valid driver's license? _____ Yes _____ No		
Do you have access to tools for your personal use? _____ Yes _____ No		
Have you ever worked under a different name? _____ Yes _____ No If yes, what name? _____		
Are you able to perform the essential functions of position as listed and described on the job description or as demonstrated by the company representative with or without reasonable accommodation? _____ Yes _____ No		
Have you ever been convicted of a crime? _____ Yes _____ No (Convictions will not necessarily disqualify you for the position.)		
If yes, please list offense, date and disposition of the case:		

EMPLOYMENT INTERESTS

Position Desired:	Date Available:	Salary Desired:
Willing to work overtime?(Y/N):	Are you looking for full or part time employment?	
Day and hours available for work:		
Are you willing to temporarily switch shifts if needed?(Y/N):		
Are you willing to change personal plans occasionally for work emergencies?(Y/N):		
How were you referred to our company?		

EDUCATION INFORMATION

School Level	School Name & Location	Concentration	Last Grade Completed	Grade Point Average
High School				
College				
Post Graduate				
Business/Trade				

SKILLS -if applicable for the position for which you are applying

Typing Speed: _____ wpm	10 key by touch(Y/N)?	
What languages do you speak?:		
What computer software are you familiar with?:		
Can you read and understand a blueprint?:		
Other Skills?:		
Do you have any other experience, training, or skills you think make you especially suited for work here? If so, please explain?		

EMPLOYMENT INFORMATION (start with current or most recent employer)

Company Name:	Phone:	Start Date:
Street Address:	City:	End Date:
State:	Zip Code:	Job Duties:
Job Title:	Supervisor's Name:	
Reason for Leaving:	May we contact them?:	

Job #2

Company Name:	Phone:	Start Date:
Street Address:	City:	End Date:
State:	Zip Code:	Job Duties:
Job Title:	Supervisor's Name:	
Reason for Leaving:	May we contact them?(Y/N):	

Job #3

Company Name:	Phone:	Start Date:
Street Address:	City:	End Date:
State:	Zip Code:	Job Duties:
Job Title:	Supervisor's Name:	
Reason for Leaving:	May we contact them?(Y/N):	

EEO/ADA STATEMENT

Notice to Applicants: HomeShield complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked to complete job samples or answer questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files. Further, HomeShield is an equal opportunity employer. We adhere to the policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

ACKNOWLEDGMENT

<i>Initial below</i>	<i>Please read carefully, and initial each paragraph, and sign below.</i>
	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its owners, in writing) has the authority to enter into any agreement with me or to make any agreement to the contrary foregoing.
	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinions.
	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
	I understand that as a condition of my employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test post accident/incident and/or if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others.
	I am able to perform the essential functions of the position with or without a reasonable accommodation.
	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply

Applicant Signature:	Date:
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