|  |  |
| --- | --- |
| Logo, company name  Description automatically generated | EMPLOYER USE ONLYEmployee #\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_\_\_Hourly Wage $\_\_\_\_\_\_\_\_ Job #\_\_\_\_\_\_\_\_\_\_\_\_Dept. \_\_\_\_\_\_\_\_\_ Report To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Employment Application

|  |
| --- |
| Applicant Information |
| Full Name: |  |  |  | Date: |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: | ( )  | E-mail Address: |  |
| Date of Birth: |  | Social Security No.: |  | Desired Salary: | $ |
| Date Available: |  | Position Applied for: |  |  |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |
| If yes, explain: |  |
|  |
| Education |
| High School: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| College: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| Other: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
|  |
| References |
| Please list three professional references. |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
|  |  |
| Full Name: |  | Relationship: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company: |  | Phone: | ( ) |
| Address: |  |
|  |
| Previous Employment |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |
| Military Service |
| Branch: |  | From: |  | To: |  |
| Rank at Discharge: |  | Type of Discharge: |  |
| If other than honorable, explain: |  |
|  |
| Disclaimer and Signature |
|  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature: |  | Date: |  |

AUTHORIZATION AND RELEASE

FOR PRE-EMPLOYMENT BACKGROUND SCREENING

This authorization will be used to obtain information from organizations and individuals pertaining to your character and current or prior employment as may be relevant and necessary to determine your fitness and suitability for employment at BLUME MECHANICAL. This authorization permits BLUME MECHANICAL to collect information as permitted by law. It does not waive any remedy you may have against BLUME MECHANICAL in the event of a violation of the Privacy Act or other rights established by law. Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment with BLUME MECHANICAL.

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized agency representing BLUME MECHANICAL by any person, corporation, agency, or association concerning my character, employment or military service as may be relevant and necessary for the completion of my personnel records with BLUME MECHANICAL.

This authorization is executed with full knowledge and understanding that BLUME MECHANICAL will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it.

I hereby RELEASE the above-mentioned persons, corporations, agencies, associations, including but not limited to BLUME MECHANICAL and their employees, agents, and representatives from all liability for damages resulting from a decision by BLUME MECHANICAL to withdraw a job offer to me on account of information gathered pursuant to this authorization, or any attempts to obtain information from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months from the date it is signed.

Signature Date

Print Name

 **MEDICAL QUESTIONNAIRE**

**Recipient:** In compliance with the American Disability Act 2008 (ADA), this statement of medical history is required of all applicants. Responses to this medical questionnaire or any medical exam will be kept confidential and kept in separate files in compliance with the ADA. Any job offer is conditioned upon the satisfactory answer of this medical questionnaire or any medical examination and follow-up (Related to work and consistent with the needs of the company)

**GINA Information**: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information from an individual or family members, except when permitted by law. To comply with the law, we ask that you do not provide any genetic information when responding to this request for medical information. The "Genetic Information" includes the medical history of the family or the individual, results of genetic tests of the individual or family, the fact that the individual or family receives or wishes to receive genetic treatment, genetic information of a fetus carried by the individual or family or an embryo that by law the individual or family member keeps by receiving reproductive assistance services.

Name: Date of Birth:

Social Security #: Are you aware of any condition or injury that affects / limits the ability to perform the position offered? ❑ Yes ❑ No

IF yes, please explain:

Have you been denied work due to your health condition? ❑ Yes ❑ No IF yes, please explain:

Are you receiving or have received treatment for a diagnosed back, neck or shoulder injury: ❑ Yes ❑ No IF yes, please explain:

When did you receive treatment and by whom?

Are you or were you undergoing treatment for a diagnosed wrist, arm or leg injury? ❑ Yes ❑ No

IF yes, please explain:

What treatment did you receive and by whom?

Have you received any surgery that has affected your ability to work? ❑ Yes ❑ No

IF yes, mention the:

Surgery: Body Part: Year: Doctor:

Surgery Body Part Year Doctor: Have you received any compensation for a work accident? ❑ Yes ❑ No IF yes, Please explain:

Injured Body Parts: Date of injury: Employer:

Doctor who treated you: Did you lose time from work? ❑ No ❑ Yes: How Long?

Injured Body Parts: Date of injury: Employer:

Injured Body Parts: Did you lose time from work? ❑ No ❑ Yes: How long ?

Have you been assessed with disability, or assigned, by an insurance company, medical professional or agency of federal/state?

❑ Yes ❑ No IF yes, please explain:

Are you under any temporary / permanent physical restraint by a healthcare provider? ❑ Yes ❑ No

IF yes, please explain:

Is there any question you didn't understand ? \_❑ Yes ❑ No IF yes, please explain:

All statements and information provided are true to the best of my knowledge and understanding. I understand that, if the information is misrepresented, due to a pre-existing medical or physical condition, it will void my workers' compensation benefits.

Print Name: Date:

Signature: