



EMPLOYER USE ONLY

Employee # _____ 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: _____