

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
City		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: :..... AM
PM

If you are under 18 years of age, can you provide required
proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
..... If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this
country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)
☐ Part-Time (please indicate Mornings Afternoon Evenings)
☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

[illegible]

Describe any job-related training received in the United States military.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="text"/>	<input type="text"/>
WPM <input type="text"/>	WPM <input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

- (Name) Phone #
 (Address)
- (Name) Phone #
 (Address)
- (Name) Phone #
 (Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



reference

C H E C K I N G

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last)

MAIDEN NAME or ALIAS (First, Middle (full), Last)

CURRENT STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

APPLICANT SOCIAL SECURITY NUMBER

DATE OF BIRTH

DRIVER'S LICENSE # AND STATE ISSUED

MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. ☐ Yes ☐ No

SIGNATURE

DATE

For office use only

Fax to 1-919-876-6272

COMPANY NAME

REQUESTOR

☐ Criminal Record ☐ Credit Report ☐ Motor Vehicle Record ☐ Social Sec. No. Trace ☐ OIG ☐ Federal Record

For Georgia criminal searches only: (must check one)

☐ Employment with Mentally Disabled (Purpose Code M)
☐ Employment with Elder Care (Purpose Code N)
☐ Employment with Children (Purpose Code W)
☐ None Apply

CRIMINAL (where) 1

2

3

EMPLOYMENT 1

2

3

PROFESSIONAL LICENSE VERIFICATION

EDUCATION VERIFICATION



Raleigh 919-878-9222 • Greensboro 336-668-7746 • www.capital.org



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)



FIRST CHOICE

Community Health Centers

Name: _____

Date: _____

Behavior Styles Indicator

Directions: In each row of 4 words going across check the one behavior that best describes you at work. Do not skip any rows.

<input type="checkbox"/> Assertive	<input type="checkbox"/> Analytical	<input type="checkbox"/> Animated	<input type="checkbox"/> Adaptable
<input type="checkbox"/> Bossy	<input type="checkbox"/> Backstage	<input type="checkbox"/> Bookworm	<input type="checkbox"/> Brash
<input type="checkbox"/> Considerate	<input type="checkbox"/> Confident	<input type="checkbox"/> Controlled	<input type="checkbox"/> Careful
<input type="checkbox"/> Daring	<input type="checkbox"/> Decisive	<input type="checkbox"/> Diplomatic	<input type="checkbox"/> Detail-oriented
<input type="checkbox"/> Critical	<input type="checkbox"/> Compromising	<input type="checkbox"/> Conceited	<input type="checkbox"/> Cerebral
<input type="checkbox"/> Journal-keeper	<input type="checkbox"/> Jealous	<input type="checkbox"/> Judgmental	<input type="checkbox"/> Joker
<input type="checkbox"/> Exciting	<input type="checkbox"/> Exacting	<input type="checkbox"/> Earnest	<input type="checkbox"/> Empathetic
<input type="checkbox"/> Friendly	<input type="checkbox"/> Funny	<input type="checkbox"/> Forceful	<input type="checkbox"/> Faithful
<input type="checkbox"/> Playful	<input type="checkbox"/> Planner	<input type="checkbox"/> Persistent	<input type="checkbox"/> Permissive
<input type="checkbox"/> Researcher	<input type="checkbox"/> Relational	<input type="checkbox"/> Resolute	<input type="checkbox"/> Reserved
<input type="checkbox"/> Unpopular	<input type="checkbox"/> Uncommitted	<input type="checkbox"/> Unpredictable	<input type="checkbox"/> Unemotional
<input type="checkbox"/> Inoffensive	<input type="checkbox"/> Informed	<input type="checkbox"/> Independent	<input type="checkbox"/> Idealistic
<input type="checkbox"/> Workaholic	<input type="checkbox"/> Weak-willed	<input type="checkbox"/> Wacky	<input type="checkbox"/> Willful
<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Sure	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Studious
<input type="checkbox"/> Headstrong	<input type="checkbox"/> Haphazard	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Hacker (computer)
<input type="checkbox"/> Indecisive	<input type="checkbox"/> Impatient	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Introspective
<input type="checkbox"/> Nervy	<input type="checkbox"/> Negative	<input type="checkbox"/> Naïve	<input type="checkbox"/> Nit-picker
<input type="checkbox"/> Obliging	<input type="checkbox"/> Orderly	<input type="checkbox"/> Out-spoken	<input type="checkbox"/> Obstinate
<input type="checkbox"/> Brainy	<input type="checkbox"/> Behaved	<input type="checkbox"/> Bold	<input type="checkbox"/> Bottom-line
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Abstract	<input type="checkbox"/> Accommodating	<input type="checkbox"/> Arrogant

*Behavior Styles Indicator Courtesy of Henry Schein Medical