

# Elite Flagging, Inc. Application For Employment

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.*

Name and Address			
Name (First, MI, Last)	Social Security Number		
Have you ever been known by any other name? If yes, please list.			
Mailing Address			
City, State, and Zip Code			
Telephone	Alternate Phone		
If under 18, please list age	Email		
Job Type			
I am seeking:	Full-time job	Part-time job	Full- or Part-time
How many hours per week are you available for work?	Can you work nights?	Can you work weekend?	
Are you able to travel for overnight assignments?	Is not, explain.		
Do you have a motor vehicle registered in your name?	County issued and Plate Number		
Have you had any moving violations during the past three years?			How many?
Additional Information			
Have you ever been employed by this organization in the past?			☐ Yes
Do you have a valid drivers' license or state issued ID card?			☐ No
Drivers License Number (if applicable)	Expiration date	State Issued	
Have you had any accidents during the past three years?			How many?
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?			☐ Yes
If Yes, please explain:			☐ No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.			☐ Yes
			☐ No

### Work Requirements

This position requires the ability to be on one's feet for long periods of time as well as mobility of the arms and legs. It may also require the ability to lift up to 20 lbs. Are you able to perform these functions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pre-existing illness or injury that would prevent you from doing this job (as described above)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

### Education and Training

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				

### College or Business/Trade School


### Military

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?     Yes     No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?     Yes     No

## References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

Federal and state law prohibit discrimination in hiring due to age, race, color, creed, gender, gender preference, national origin, disability, or veteran's status.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, courts and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise.

I release all parties from liability for any damage that may result from divulging or using this information. I understand and agree that if hired my employment is for no definite period and either I, or the company, may terminate employment at any time, without notice.

Applicant Signature

Date

*For Office Use Only*

# Motor Vehicle Record Disclosure and Release Form

*In connection with my being considered as a driver for Elite Flagging Inc., I understand that a motor vehicle record, which contains public record information may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.*

*I authorize, without reservation any party or agency contacted to furnish the above-mentioned information to Elite Flagging, Inc. or its agent.*

*I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization to procure such reports at any time during my employment. Elite Flagging, Inc's commercial auto insurer and/or agent may also use this information in conjunction with loss and safety review efforts.*

Name (First, MI, Last)	Date of Birth	Social Security Number
Driver's License Number	Expiration date	State Issued
Applicant Signature		Date

**VOLUNTARY SURVEY**

*Elite Flagging, Inc.* is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with *Elite Flagging, Inc.*, it will not be used as employment criteria. *Elite Flagging, Inc.* is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**REFERRAL SOURCE:** How did you learn of this position?

- \_\_\_\_\_ Advertisement (list newspaper) \_\_\_\_\_
- \_\_\_\_\_ Workforce Development (give location) \_\_\_\_\_
- \_\_\_\_\_ Friend
- \_\_\_\_\_ Relative
- \_\_\_\_\_ Walk In
- \_\_\_\_\_ Employment Agency (give name) \_\_\_\_\_
- \_\_\_\_\_ Other (list source) \_\_\_\_\_

**SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**ETHNIC ORIGIN:**

- \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other

**CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:**

- \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Disabled Individual