

Application for Employment - Lundberg and Associates

We are an equal employment employer. No question on this application is used for the purpose of limiting or excluding any applicant for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodations for the application and / or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Address: _____

Telephone: _____ Date you are available to start work: _____

Type of Employment Desired: _____ Full Time _____ Part Time

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you provide proof of identity and citizenship? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment)

Are you a smoker? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

Do you type at least 35 words per minute? _____ Yes _____ No

Employment History

Please provide information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone No. _____

Immediate supervisor and title: _____

Dates employed from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone No. _____

Immediate supervisor and title: _____

Dates employed from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone No. _____

Immediate supervisor and title: _____

Dates employed from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone No. _____

Immediate supervisor and title: _____

Dates employed from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize your job-related training, skills, certificates, and / or other qualifications:

References

List 2 reference names, relation, telephone numbers, and years known: (do not include relatives):

I hereby authorize Lundberg and Associates to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I hereby release Lundberg and Associates and its representatives from liability for seeking, gathering and using such information to make employment decisions and all other persons or organization for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Lundberg and Associates can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I understand that it is the policy of Lundberg & Associates not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that pre-employment drug testing is a condition of employment and all employees are required to participate in random drug testing while employed. I understand that my term of employment does not start until I have successfully completed the pre-employment drug screening. I further understand that either refusal to submit to such screening or test results indicating drug usage disqualifies me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time could result in immediate termination.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under those conditions.

Applicant signature: _____ Date: _____