

EMPLOYMENT APPLICATION

1st HR Source, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state, or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For				Date of Application			
Last Name		First Name			Middle Initial		
Current Address			City		State		Zip Code
Previous Address (If less than 2 years at current address)							
Email Address							
Home Phone Number		Driver's License Number DL# _____			Social Security Number		
Cell/Other Phone Number		State _____					
Are you eligible to work in the United States?						Yes	No
(Proof of eligibility will be required upon offer of employment.)							
Are you over the age of 18 years? (If no, you may be required to provide authorization.)						Yes	No
Can you with or without reasonable accommodation perform the essential functions of this job?						Yes	No
Have you ever applied to 1st HR Source, Inc. before? (If yes, please give date. _____)						Yes	No
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)							
Have you ever worked for 1st HR Source, Inc. before? (If yes, please give date _____)						Yes	No
Have you ever been convicted of a crime or felony? (A conviction will not necessarily disqualify you.)						Yes	No
If yes, please explain _____ _____							
Do you have a valid Driver's License? (For driving positions only.)						Yes	No
Have you been convicted of any moving violations in the past five years?						Yes	No
(If yes, please explain _____)							
Is anyone related to you employed by 1st HR Source, Inc.?						Yes	No
(If yes, please provide name and relationship to you. _						Yes	No
Have you ever been fired or asked to resign from a job?						Yes	No
(If yes, please explain _____)							

What salary or rate of pay do you expect to receive if employed? _____

On what date are you available to begin work? _____

Days and hours available: (If employed, I will notify The HR Source in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Would you have a problem working overtime? ___ Yes ___ No

EDUCATION

	Name & Location of School	Course of Study or Major	Dates of Attendance		Diploma/Degree Received? Yes or No
			To:	From:	
High School					
College					
Graduate					
Vocational					

Please list any academic honors, scholarships, offices held, etc.. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No
(Please give dates and explanation.)

EMPLOYMENT HISTORY

(Begin with current employer. **DO NOT** exclude any employment. Include all employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation of 1st HR Source, Inc.)

Company Name	Type of Business	Start Date	End Date	Phone Number
Address		Starting Salary	Ending Salary	Name of Supervisor
Describe your duties		Reason for leaving		

Company Name	Type of Business	Start Date	End Date	Phone Number
Address	Starting Salary	Ending Salary	Name of Supervisor	
Describe your duties		Reason for leaving		

Company Name	Type of Business	Start Date	End Date	Phone Number
Address	Starting Salary	Ending Salary	Name of Supervisor	
Describe your duties		Reason for leaving		

Company Name	Type of Business	Start Date	End Date	Phone Number
Address	Starting Salary	Ending Salary	Name of Supervisor	
Describe your duties		Reason for leaving		

Company Name	Type of Business	Start Date	End Date	Phone Number
Address	Starting Salary	Ending Salary	Name of Supervisor	
Describe your duties		Reason for leaving		

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES: (Please list three persons who are not related to you who can provide professional references.)

Name	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Please read carefully before signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission o any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by 1st HR Source, Inc., that such employment with 1st HR Source, Inc., is at will, for no specified duration and may be terminated by either 1st HR Source, Inc., or myself at any time wit or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of 1st HR Source, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of 1st HR Source, Inc. except the owners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owners of 1st HR Source, Inc.

In consideration for employment with 1st HR Source, Inc., I agree to conform to the rules, regulations, policies and procedures of 1st HR Source, Inc. at all times and understand that such behavior is a condition of employment. I understand that due to the nature of 1st HR Source, Inc.'s business, attendance and punctuality are considered essential requirements of every job at 1st HR Source, Inc. and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with 1st HR Source, Inc., I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to 1st HR Source, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date