



Hubzone (Office use)

Yes  No

# Application for Employment

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Preferred method of contact:  Phone  Email  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address (Street, City, State, Zip): \_\_\_\_\_

What position (s) are you applying for? \_\_\_\_\_  Full-Time  Part-Time  
 First date available for work? \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_  
 Are you authorized to work in the U.S.?  Yes  No  
 Are you over the age of 18 years?  Yes  No  
 Are you currently employed?  Yes  No  
 Do you have a valid driver's license?  Yes  No If yes, what class if Driver License: \_\_\_\_\_  
 Have you had your driver's license suspended or revoked?  Yes  No  
 Are you now, or do you expect to be engaged in any other business or employment?  Yes  No If yes, please explain: \_\_\_\_\_  
 Have you been convicted of, pled guilty to or no contest to, or received deferred adjudication for any felony or any misdemeanor involving theft, dishonesty, or violence?  Yes  No If yes, please explain: \_\_\_\_\_  
 Have you ever worked for this company or its subsidiaries before?  Yes  No If yes, please list prior start and end date: \_\_\_\_\_  
 Were you referred by a current employee?  Yes  No If yes, please provide their name and relationship: \_\_\_\_\_  
 Have you received a COVID-19 Vaccination?  Yes  No If yes, you may be asked to provide proof of vaccination if hired.

## Military Service

Branch \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_ If other than honorable, explain. \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Availability

Please list all days and hours you are available for work:

|      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| From |        |         |           |          |        |          |        |
| To   |        |         |           |          |        |          |        |

## Certifications & License

Please list any and all relevant certifications and licenses for this position.

Name \_\_\_\_\_ Type \_\_\_\_\_  
 Issued by \_\_\_\_\_ Issued Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ If hired, you may be asked to provide of copy of this certification.

Name \_\_\_\_\_ Type \_\_\_\_\_  
 Issued by \_\_\_\_\_ Issued Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ If hired, you may be asked to provide of copy of this certification.

Name \_\_\_\_\_ Type \_\_\_\_\_  
 Issued by \_\_\_\_\_ Issued Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ If hired, you may be asked to provide of copy of this certification.

## Employment History

Please list your last three employers.

Employer: \_\_\_\_\_ Address (Street,  
Phone Number \_\_\_\_\_ City, State, Zip): \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Address (Street,  
Phone Number \_\_\_\_\_ City, State, Zip): \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Address (Street,  
Phone Number \_\_\_\_\_ City, State, Zip): \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

## Education

High School: \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Graduated  Yes  No

College \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Graduated  Yes  No  
Major \_\_\_\_\_ Minor \_\_\_\_\_

Other School \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Graduated  Yes  No  
Major \_\_\_\_\_ Minor \_\_\_\_\_

## References

Name \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_  
Address (Street, City, State, Zip): \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

## Authorization and Signature

I certify that I have read and understand that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize Express Contracting and/or its agents including consumer reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I expressly release these persons from any and all liability in furnishing responses to Express Contracting from any and all liability, including liability for alleged negligence, related to its inquiries to those identified on this application and its use of information provided by those persons.

In accordance with Express Contracting policy to maintain a drug-free workplace, I understand any offer of employment will be contingent upon my submitting to a drug test and receiving a negative test result. Further, I understand certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by Express Contracting policy and release Express Contracting from all liability arising from such testing and/or the decision made based on testing.

I understand and agree that, if employed, my employment is for no definite period of time and that I may be terminated at any time without any prior notice, regardless of the date of payment of my wages or salary.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY AND ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION OF EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR DISABILITY."