



## Instructions & Checklist Employment Application

This package contains: (1) Instructions and Checklist for the Employment Application; (2) Disclosure and Authorization To Obtain Consumer/Investigative Information.

This application makes assertions regarding the company's practice of providing equal employment opportunities; review your company's policy to ensure its accuracy.

The applicant should sign the employment application.

The applicant should sign the Disclosure and Authorization To Obtain Consumer/Investigative Information for employment purposes.

If the applicant is hired, a copy of his/her employment application should be kept with his/her other employment records.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_



## APPLICATION OF EMPLOYMENT

In compliance with applicable laws, this company does not discriminate on the basis of age, sex, race, color, religion, marital status, sexual orientation, national origin, alienage or citizenship status, disability, genetic predisposition or carrier status, Vietnam era/disabled veteran status, or any other characteristic protected by law.

**Instructions:** Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: \_\_\_\_\_

### PERSONAL INFORMATION

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**Current Address:**

Street and Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Permanent Address** (if different from above):

Street and Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes  No

If applicable, please list your visa type, visa # and expiration: \_\_\_\_\_

Have you ever served in the U.S. Military?  Yes  No

If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_

I served from \_\_\_\_\_ to \_\_\_\_\_.

Special Honors: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## EMPLOYMENT HISTORY

### Present or Most Recent Employer

Employer: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Name Title  
Phone Number: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prior Employer

Employer: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Name Title  
Phone Number: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prior Employer

Employer: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Name Title  
Phone Number: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**EDUCATION**

***High School***

\_\_\_\_\_  
Name used in High School and Address of School (city and state)

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

If you did not graduate, did you receive your GED?     Yes     No

Special honors or awards: \_\_\_\_\_

***Technical or Vocational School***

\_\_\_\_\_  
Name used in School and Address of School (city and state)

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_    Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

***College or University***

\_\_\_\_\_  
Name used in College/University (city and state)

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_    Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

***College or University***

\_\_\_\_\_  
Name used in College/University (city and state)

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_    Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## **POSITION INFORMATION**

### *Position Specifications*

Position Applying For: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

### *Skills*

Please describe any skills you have in the following areas:

Computer:

\_\_\_\_\_  
\_\_\_\_\_

Languages Spoken (other than English):

\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

## **REFERENCES**

If you list people, we will assume we have your permission to contact them:

#### **Professional**

NAME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

HOW LONG KNOWN: \_\_\_\_\_

#### **Personal**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW LONG KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

HOW LONG KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW LONG KNOWN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Applicant's Statement**

I certify that all statements made on this application for employment and during any phase of the hiring process are true and correct to the best of my knowledge. I understand that any misrepresentation or omission of any facts in the application, resume or any other materials, or during interviews or any phase of the hiring process may result in termination of my candidacy or my employment.

I authorize and request my present employer, former employers, personal references and educational institutions, which I have attended to furnish information about my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liabilities for damages arising from furnishing requested information. Note: Your present employer will only be contacted with your consent or after you have given notice of termination.

I also authorize the Company to procure a consumer report for employment purposes and to investigate all statements I have made in connection with my application. This authorization shall remain on file and shall serve as an on-going authorization for the Company to procure consumer reports at any time during my employment period.

I understand that any offer of employment is contingent upon my successful completion of the Company's total pre-employment screening process, which may include procurement of a consumer report, screening for controlled substances and the Company's receiving references which it considers satisfactory.

If an employment relationship is established, I agree to perform all duties to the best of my ability and to comply with the policies and procedures of the Company. I understand that such employment is terminable at will, by either me, or the Company, at any time, for any reason. I also understand that employment is not for a specific duration.

I understand that employment with Company is at-will, and as such, may be terminated at-will be by either me or Company at any time and for any lawful reason. I also understand that no oral or written communication or representation by anyone at Company will establish an employment contract, express or implied.

I certify that I have read, understand and agree to the above.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## Disclosure and Authorization To Obtain Consumer/Investigative Information

In connection with my application for employment with D'Ambrosio Bakery, LLC (the "Employer"), I acknowledge and agree that Employer may, in its sole discretion, perform a background check on me. I understand and acknowledge that this process may include, without limitation, investigation and review of consumer reports or investigative consumer reports on me, which may include pre-employment credit reports, criminal background (all levels), governmental databases, department of motor vehicle reports, searches and verifications of financial information, financial and/or credit institutions, as well as verifications of professional license, employment (including reason for termination), education verification including copies of my transcripts, and professional and personal references which may include inquiries on my character, general reputation, personal characteristics and mode of living, whichever applicable, may be made (collectively, the "Reports").

By signing below I give my consent and authorization to this Employer, its screening agent VerifyProtect.com, a division of American Tenant Screen, Inc ("VerifyProtect.com"), and any agency, individual or entity contacted in connection with my application to obtain Reports as described above. I understand should I be hired by the Employer that this consent will remain in full force and effect throughout my employ with the Employer. I further acknowledge and agree: (i) that Employer may from time to time perform additional background checks on me as deemed necessary by Employer; and (ii) to cooperate with Employer and VerifyProtect.com by providing such information and documentation that either or both may reasonably request from time to time in order to effectively perform the background check described herein.

I voluntarily and knowingly (for myself and behalf of my heirs and assigns) release, discharge and hold harmless Employer, VerifyProtect.com, and any individual, corporation, or private or public entity (including their respective successors, predecessors, affiliates, employees, officers, directors, shareholders and assigns) of and from, without limitation, any and all manner of actions and causes of action, damages, liabilities, losses, costs, claims and demands whatsoever, known and unknown, whether at law or in equity, that might arise from the investigations performed pursuant to this consent, and/or the furnishing to and any use by Employer and/or VerifyProtect.com of any Report, information or data provided in connection with such investigations.

A photo or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the Employer in connection with my employment.

***I certify that the information contained on this form is true, correct and complete to the best of my knowledge. I also understand that any misrepresentation, falsification or omission of facts herein may adversely affect my application for employment or continuous employment with Employer.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### The following information is required from you to perform a background screening report:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Names/Aliases/Maiden names used in the past: (use back of sheet if necessary)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Present Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Previous Names, Aliases or Maiden Names: \_\_\_\_\_

**For CA, MN, and OK Residents Only: Please provide me with a copy of my background report. ( ) YES ( ) NO**

For California residents: Under section 1786.22 of the California Civil Code, you may view the file on you maintained by VerifyProtect.com. You may also receive a copy of this file, upon submitting proper identification and paying costs of duplication services, by submitting proper written request by mail or you may receive a summary of the file by phone after submitting a proper written request and identification. VerifyProtect.com is located at 525 West Chester Pike, Suite 104, Havertown, Pa. 19083 and may be contacted via telephone at 888-219-4945.