

NATIONAL HOME PRODUCTS APPLICATION FOR EMPLOYMENT

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, familial status, military service, gender or age. All applications will be maintained for one year. Please inform us if you require assistance filling out an application or taking a pre-employment test. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to the testing or appointment.

Date: _____ **Home Phone ()** _____

Full Legal Name: _____
Last **First** **Middle**

Present Address: _____

How long have you lived at this address: _____

Cell Phone: _____ **E-mail Address:** _____

Previous Address: _____ **How Long:** _____

EMPLOYMENT DESIRED

Position Applying For: _____

Are You Currently Employed? _____ Date Available for Work: _____

Desired Wage: _____ Hr/Yr

Type of Work Desired: Full-time Part-time

For Purposes of complying with the Immigration Reform and Control Act, are you legally eligible to perform work in the USA? Yes No

Social Security Number: _____

Have you ever applied for work with this company before? Yes No WHEN? _____

EDUCATION

Check Highest Grade Completed: Less than grade 7 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

Where did you attend high school? _____

Number of Years of Post High School Education _____

Please check highest degree obtained:

Associates Bachelors Masters Doctorate Other: _____

If you expect to complete an educational program in future, please indicate what type of degree program you expect to complete and anticipated completion date: _____

Please list all schools attended.

Name	Location of Institution	Degree Received	Major or Specialty

Have you taken any other courses or training or acquired any other special skills that would qualify you for this position? Yes No If Yes, what? _____

WORK HISTORY

Please start with your current or most recent employer. Please list significantly different jobs, even if they are with the same employer. Use additional sheets if needed. Please list the contact information for all previous employers in the space indicated. Additional sheets may be attached to cover the past ten years of employment.

May we contact your current supervisor? Yes No May we contact prior employers? Yes No

Employer: _____ **Type of Business:** _____

Job Title: _____

Immediate Supervisor's Name and Title: _____

Address: _____ Phone Number _____

Final Salary: _____ Hour/Year Full-time Part-time Hours Worked per Week: _____

Dates Employed: _____ Reason for Leaving _____

Primary Duties: _____

Equipment used: _____

Employer: _____ **Type of Business:** _____

Job Title: _____

Immediate Supervisor's Name and Title: _____

Address: _____ Phone Number _____

Final Salary: _____ Hour/Year Full-time Part-time Hours Worked per Week: _____

Dates Employed: _____ Reason for Leaving _____

Primary Duties: _____

Equipment used: _____

Employer: _____ **Type of Business:** _____

Job Title: _____

Immediate Supervisor's Name and Title: _____

Address: _____ Phone Number _____

Final Salary: _____ Hour/Year Full-time Part-time Hours Worked per Week: _____

Dates Employed: _____ Reason for Leaving _____

Primary Duties: _____

Equipment used: _____

Employer: _____ **Type of Business:** _____

Job Title: _____

Immediate Supervisor's Name and Title: _____

Address: _____ Phone Number _____

Final Salary: _____ Hour/Year Full-time Part-time Hours Worked per Week: _____

Dates Employed: _____ Reason for Leaving _____

Primary Duties: _____

Equipment used: _____

Employer: _____ **Type of Business:** _____

Job Title: _____

Immediate Supervisor's Name and Title: _____

Address: _____ Phone Number _____

Final Salary: _____ Hour/Year Full-time Part-time Hours Worked per Week: _____

Dates Employed: _____ Reason for Leaving _____

Primary Duties: _____

Equipment used: _____

As an adult, have you ever been convicted of a felony? Yes No

If yes, please list complete conviction record including dates, offense, location and explanation: (A conviction will not automatically disqualify you from consideration. We will consider the offense in relationship to the job for which you are applying and your record since the offense was committed.)

REFERENCES

Please list three individuals, not related to you, who can attest to your qualifications and skills.

Name	Relationship	Phone Number	Address

CERTIFICATION - PLEASE READ BEFORE SIGNING

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment can be terminated.

I understand that all of the information on this application is subject to verification. I understand consumer reports may be obtained as part of the evaluation of my job application. The reports may be procured by National Home Products and may include a criminal background checks, my driving record, an assessment of my insurability or other consumer reports. By signing below, I hereby authorize National Home Products. to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

I also consent that you may contact my references, former employers and educational institutions listed regarding this application. I give my consent for the release of my records and release those providing information of any associated liability. I further authorize National Home Products to rely upon and use, as it sees fit, any information received from such contacts and release National Home Products of any liability associated acting upon any information received.

In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause, with or without notice, at any time. I also understand and agree that the terms of my employment may be changed at any time, with or without notice.

DATE: _____ **SIGNATURE:** _____