



## EMPLOYMENT APPLICATION

### Employment Application Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### Employment Qualification Questions:

1. Are you able to provide employment eligibility identification to work in the USA? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever plead guilty, "no contest", or been convicted of a felony or misdemeanor crime since the age of 18; including such moving violations as driving under the influence of a drug or alcohol, which were not later expunged?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you able to submit to criminal clearance, drug/alcohol screening for employment? Yes \_\_\_\_\_ No \_\_\_\_\_  
• Please Complete the "Disclosure Agreement & Authorization Form" Attached
4. If the position you are applying for may require driving, have you been cited for a traffic violation of any kind within the past 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_
5. What form of transportation do you rely on for work? Car (Valid DL) \_\_\_\_\_ Public Trans \_\_\_\_\_ Ride \_\_\_\_\_
6. Are you able to stand for extended periods of time while performing essential functions with or without accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

### Employment Application Work History: (Please provide most recent position first)

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Payrate: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Payrate: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Payrate: \_\_\_\_\_

Separation Reason: \_\_\_\_\_

**Employment Application Education:** (Please provide the most recent education first)

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Employment Applicant References:** (Please do not list personal references)

Reference Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Legal Employment Statement:**

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 my employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I will be required to provide satisfactory proof of identity and legal work authorization. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I understand that Pennsylvania is an "at will" state and either party can terminate employment with or without cause.

**Consent & Authorization Statement Acknowledgement:**

I authorize and give GAM Precision full permission to have GAM Precision perform the following:

- to conduct a drug test at random and/or at time of an on the job injury.
- to supply certain clients (Government & Private Schools, etc. ) copies of employees background reports.

**Employment Applicant Acknowledgement:**

I hereby certify that the information supplied on this application for employment is true and correct and I agree to have any of the statements checked by GAM Precision unless I have indicated to the contrary. Further, I release all parties, companies, and persons providing such information to GAM Precision from any liability for any damages that may result from furnishing such information to GAM Precision as well as from the use or disclosure of such information by Arcobaleno or any of their agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application or during the interview process (regardless of when discovered) may result in my failure to receive an offer or, if I am hired, my immediate termination from employment at any time. I also understand that only a complete application will be considered by Arcobaleno and that my failure to submit the application in its entirety may result in my failure to receive an offer of employment.

**Employment Applicant Signature/Date Verification:**

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