

ELITE FLAGGING INC. EMPLOMENT APPLICATION

Elite Flagging, Inc. is an Equal Opportunity & Affirmative Action Employer

PERSONAL HISTORY

Date \_\_\_\_\_

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

First Middle Last

Address \_\_\_\_\_

Number Street City State Zip

Telephone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Name Relationship Phone

Are you 18 years of age or older? Y N Are you legally able to work in the United States? Y N

Have you ever applied to this company in the past? Y N If yes, when? \_\_\_\_\_

Have you ever been known by any other names? Y N If yes what are they? \_\_\_\_\_

Will you travel out of town: Y N Will you travel to surrounding states? Y N

Are you available for work full time? Y N Will you work weekends? Y N

Do you have a valid Driver's License? Y N Do you own a vehicle to drive to/ from work site? Y N

Have you had any motor vehicle accident or moving violations in the past 3 years? Y N

If yes, please explain \_\_\_\_\_

This position requires you to be on your feet for long periods of time in outside elements, as well as mobility in your neck, shoulders, arms and legs. It may also require lifting of 5-20 pounds at times. Are you able to perform all essential functions this position requires? Y N

Do you have any pre-existing conditions that may prevent you from doing your job? Y N

If yes, please explain \_\_\_\_\_

Date you can start? \_\_\_\_\_ Wage desired? \_\_\_\_\_

REFERENCES

Only include individuals familiar with your work abilities. Do not include relatives

Name Telephone Years Known Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with the most recent

Company \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we verify this? Y N

Company \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Pay Rate \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we verify this? Y N

**Federal and state law prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.**

I certify that the information contained in this application are true, complete and accurate. I understand that if employed, false statements or omissions on this application may result in discharge at any time during my employment.

I authorize investigation of all statements contain herein. I further authorize all individuals, companies, schools, courts and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise. I release all parties from liability for any damage that may result from divulging or using this information.

I understand and agree that if hired my employment is for no definite period and either I or the company can terminate the employment at any time, with or without notice.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office use only:

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## MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE FORM

In consideration with my being a driver for Elite Flagging, Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize without reservation any party or agency contacted to furnish the above-mentioned material information to Elite Flagging, Inc. or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Elite Flagging, Inc. commercial auto insurer and agent will also use this information in conjunction with loss and safety review efforts.

_____ First Name	_____ Middle Name	_____ Last Name
_____ Social Security #		_____ Date of Birth
_____ Driver License #		_____ State of Issuance
_____ Signature		_____ Date

**VOLUNTARY SURVEY**

Elite Flagging, Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for employment with us. The information you supply will be used for statistical purposes only. If you are offered employment with Elite Flagging, Inc., it will not be used as employment criteria. Elite Flagging, Inc. is an equal employment opportunity employer supporting diversity in the work place. Thank you for cooperating in completing this form.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Please Print

ADDRESS: \_\_\_\_\_  
Number Street City State Zip

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

**REFERRAL SOURCE: How did you learn of this position?**

\_\_\_\_ Advertisement (list newspaper) \_\_\_\_\_

\_\_\_\_ Workforce Development (give location) \_\_\_\_\_

\_\_\_\_ Friend

\_\_\_\_ Relative

\_\_\_\_ Walk In

\_\_\_\_ Employment Agency (give name)

\_\_\_\_ Other (list source) \_\_\_\_\_

SEX: \_\_\_\_ Male \_\_\_\_ Female

**ETHNIC ORIGIN:**

\_\_\_\_ White

\_\_\_\_ Hispanic

\_\_\_\_ American Indian/Alaska Native

\_\_\_\_ Black

\_\_\_\_ Asian/Pacific Islander

\_\_\_\_ Other

**CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:**

\_\_\_\_ Vietnam Era Veteran

\_\_\_\_ Disabled Veteran

\_\_\_\_ Disabled Individual