

Application for Employment

Equal Opportunity Employer

This employer considers applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran status, disability, genetic information, or any other legally protected status.

Date of Application:		Position Applied for:			
Last Name	First	Middle		Social Security # / /	
Street Address	City		State	Zip	
Home Phone ()		Cell Phone ()		
Email					
Have you ever been employed Have you previously applied fo	r employment here? Yes 🗆 N	o 🗆 If yes, give date	25:		
Are you legally eligible for emp Do you know of any reason wh				-	
reasonable accommodations?					
Please describe any accommod	ation required:				
Can you meet the attendance r	equirements of this position?	Yes 🗆 No 🗆 Can yo	ou work overtime if	f necessary? Yes 🗆 No 🗆	
Are you willing to travel if the j	ob requires it?Yes 🗆 No 🗆	Are you willing to relo	ocate if this job rec	quires it?Yes 🗆 No 🗆	
Have you ever been convicted	of any crime?Yes 🗆 No 🗆 🛛	f yes, give date, place,	, and nature of off	ense:	
Have you ever been convicted	of any traffic offense? Yes 🗆	No □ If ves, please gi	ive date, place and	nature of offense:	

An affirmative answer to the previous 2 questions will <u>not</u> automatically disqualify you from being considered as a candidate for employment.



Employment History: Starting with your most recent job, list your last three (3) employers. All sections must be completed in their entirety.

Dates	Name and Address of Employer	Position Held and Supervisor
From:	Name:	Position:
mo. yr. To:	Address:	Supervisor:
/ mo. yr.	City & State	Supervisor Email Address:
Salary or Wages	Summarize the nature of the work performed	Supervisor Phone Numbers Office:Cell:
Starting:		Reason for leaving
Final:		
Dates	Name and Address of Employer	Position Held and Supervisor
From: /	Name:	Position:
mo. yr. To:	Address:	Supervisor:
/ mo. yr.	City & State	Supervisor Email Address:
Salary or Wages	Summarize the nature of the work performed	Supervisor Phone Numbers Office:Cell:
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Salary or Wages	Summarize the nature of the work performed	Supervisor Phone Numbers Office:Cell:
Starting:		Reason for leaving
Final:		



Military Service:	Have you ever served in the Armed Forces? Yes 🗆 No 🗆 Branch:
Years served:	List your primary Military Occupational Specialty:
List duties in serv	ice, including special training that is relevant to the position for which you have applied:

Educational Background - Begin with High School

School	Address	Years Completed	Degree/ Diploma	Major/Field of Study

Professional References: Provide contact information for three (3) business/work references who are not related to you and are not previous supervisors.

Name	Company Name	Position	Phone Numbers	Years Acquainted
			Office: Cell:	
Email		Address		
Name	Company Name	Position	Phone Numbers	Years Acquainted
			Office: Cell:	
Email		Address		
Name	Company Name	Position	Phone Numbers	Years Acquainted
			Office: Cell:	
Email		Address		



- Any misrepresentation or falsification of information by me on this application will be sufficient cause for cancellation of this application and/or separation from ClarkPowell's service if discovered after I have been employed. ClarkPowell uses E-Verify to confirm eligibility for employment.
- I give ClarkPowell the right to investigate all references and to secure additional information about me, if job-related. I specifically authorize ClarkPowell to conduct a criminal record and driving (motor vehicle) background check on me. I hereby release from liability ClarkPowell and its representatives from seeking such information and all other persons and corporations for furnishing such information.
- ClarkPowell is an Equal Opportunity Employer. ClarkPowell does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- This application is valid for only 30 days. At the conclusion of this time, if I have not heard from ClarkPowell and still wish to be considered for employment, it will be necessary to fill out a new application.
- I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ClarkPowell has the authority to make any assurances to the contrary.
- I understand that a pre-employment drug screen is a condition of employment and give my permission to release the results of these tests to ClarkPowell, or any other person who has a lawful right to need to be informed of such result, and I release any such designated institution or person from any liability whatsoever arising from the release of the information.
- I affirm that the information provided on this application (and resume, if provided) is true and complete.

Signature of Applicant

_____ Date: _____

For Office Use Only. Do not write in the space below.

Date Employed	Start Date	Position	Hourly Pay Rate	Salary Pay Rate
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Signature of Supervisor _____ Date: _____ Date: _____

(2700153/June 2021)