

# GENERAL INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last M.I. First

Email Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary/Rate Requested: \$ \_\_\_\_\_ / Hr/ Yr *(choose one)*

How Were You Referred to This Position? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? Y N

Employment Desired: Full-Time Part-Time Temporary Seasonal

If Part-Time desired, specify hours: \_\_\_\_\_ If Seasonal, specify time frame: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Shift Preference: *(check all that apply)* 1st 2nd 3rd

Are you legally eligible to work in the United States? Y N

*(If offered employment, you will be required to provide documentation to verify eligibility)*

Are you 18 years of age or older? Y N *(If no, you may be required to provide authorization to work.)*

Do you have any criminal convictions that would appear on a background check? Y N

If yes, give date(s), place(s), and nature of offense(s):

Have you previously been employed by this company or its subsidiaries? Y N

If yes, when? \_\_\_\_\_

# EDUCATIONAL INFORMATION

School	Fill In Name, Number and Street, City, State and Zip Code for Each School Listing	# Of Years Completed	Did You Graduate?	Degree Or Major
High School	School: _____ Address: _____ City: _____ State: _____ Zip Code: _____	_____	Y N	_____
College	School: _____ Address: _____ City: _____ State: _____ Zip Code: _____	_____	Y N	_____
Graduate School	School: _____ Address: _____ City: _____ State: _____ Zip Code: _____	_____	Y N	_____
Professional License or Membership	_____	_____	_____	_____

# EMPLOYMENT EXPERIENCE

Begin with your present or last job, including any U.S. military service. Include any job-related military service assignments and volunteer activities. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

Previous Employer: \_\_\_\_\_

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

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

Salary: \$ \_\_\_\_\_ / Hr/ Yr *(choose one)*

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Them? \_\_\_\_\_

Title and Duties:

If No, Please Explain:

Previous Employer: \_\_\_\_\_

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

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

Salary: \$ \_\_\_\_\_ / Hr/ Yr *(choose one)*

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Them? \_\_\_\_\_

Title and Duties:

If No, Please Explain:

Previous Employer: \_\_\_\_\_

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

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

Salary: \$ \_\_\_\_\_ / Hr/ Yr *(choose one)*

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Them? \_\_\_\_\_

Title and Duties:

If No, Please Explain:

Please Explain Any Gaps In Employment:

# SPECIAL SKILLS AND QUALIFICATIONS

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, special job-related skills, articles/books published, activities, accomplishments, etc. *(You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)*

# REFERENCES

Name And Title	Company And Address	Phone
Name: _____ Title: _____	Company: _____ Address: _____	Work: _____ Home: _____
Name: _____ Title: _____	Company: _____ Address: _____	Work: _____ Home: _____
Name: _____ Title: _____	Company: _____ Address: _____	Work: _____ Home: _____

# APPLICANT'S STATEMENT

The information I have furnished on this application form is true and complete. I hereby give ProAxis Group the right to investigate my background and release ProAxis Group, all persons or corporations supplying such information, from liability.

I understand that if any misrepresentation has been made by me, any offer of employment made to me may be withdrawn or my subsequent employment with the Company may be terminated. As part of the normal procedure for processing applications, a routine inquiry may be made on my previous work performance, general reputation, background and personal characteristics. I understand that the Company may conduct a criminal background check. Any convictions that I omit may be grounds for this application, or my possible employment, to be considered for possible grounds of dismissal.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# AFFIRMATIVE ACTION INFORMATION FORM

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these record-keeping requirements and to determine recruiting and employment patterns. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, physical or mental disability, veteran status, age or marital status.

*Completing this form is voluntary and is not a requirement for employment.*

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

## GENDER

Male

Female

## RACE/ETHNIC GROUP

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

**Hispanic or Latino (White Race Only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

**Hispanic or Latino (All Other Races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Other: \_\_\_\_\_

## HOW WERE YOU REFERRED TO THIS COMPANY?

Walk-in

School Referral

Employee Referral

Private Employment Agency/Recruiter

Minority Employment Agency/Recruiter

Customer Referral

Business Referral

Newspaper/Internet or Trade Journal Advertisement

Indiana Workforce Development

Unsolicited Resume

Other: \_\_\_\_\_

# AUTHORIZATION TO OBTAIN A BACKGROUND CHECK/CREDIT REPORT

Name: \_\_\_\_\_  
Last M.I. First

Maiden Last Name (If Applicable): \_\_\_\_\_

List Any Former Names Used (Nicknames, Aliases, etc.): \_\_\_\_\_

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

Current Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_

By signing below, you are certifying that the above information is true and correct.

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

Pursuant to the Federal Fair Credit Reporting Act, I hereby authorize ProAxis Group and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all Federal, State, or County jurisdictions; birth records, Motor Vehicle Records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data; pertaining to me which an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, policy department, financial institution or other persons having personal knowledge of me to furnish Group or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

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

# AFFIRMATIVE ACTION INFORMATION FORM

I, \_\_\_\_\_, authorize ProAxis Group to contact my references to investigate my past employment and professional activities. I also agree to release from liability all persons and companies providing this information.

I understand and acknowledge that any offer of employment may be conditional upon ProAxis Group being completely satisfied with the information provided as a result of this reference check.

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Date**

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