



Application for Employment

Position applied for: _____ Date: _____

ClarkPowell considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, ClarkPowell complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. ClarkPowell also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Name (First, Middle, Last) _____ Social Security no. _____

CURRENT ADDRESS

Street _____ Apartment no. _____

City _____ State _____ Zip _____

Cell phone _____ E-mail address _____

Referred by _____

Are you over the age of 18? Yes No

If not, state your age: _____

Do you want to work: Full-time Part-time

If part time, specify days and hours:

Are you willing to work overtime as necessary? Yes No

If yes, when? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No

If yes, please explain:

Have you ever been convicted of a crime? * Yes No

If yes, state nature of offense, when, where, and disposition:

*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, ClarkPowell will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?

All employers _____ Current employer only _____

State name(s) of any relative(s) in our employ and your relationship to them:

RECORD OF EDUCATION (Begin with high school.)

Name and address of school

Course of study

Number of years completed

Did you graduate? _____ Yes _____ No

Diploma or degree received

Name and address of school

Course of study

Number of years completed

Did you graduate? _____ Yes _____ No

Diploma or degree received

Name and address of school

Course of study

Number of years completed

Did you graduate? _____ Yes _____ No

Diploma or degree received

PRIOR WORK HISTORY (List in order, last or current employer first.) Account for any gaps in your employment.

1. Dates: From _____ To _____
Name, address, e-mail and telephone number of employer:

Rate of pay: Start _____ Finish _____
Supervisor's name/title: _____
Reason for leaving: _____
Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

2. Dates: From _____ To _____
Name, address, e-mail and telephone number of employer:

Rate of pay: Start _____ Finish _____
Supervisor's name/title: _____
Reason for leaving: _____
Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

3. Dates: From _____ To _____
Name, address, e-mail and telephone number of employer:

Rate of pay: Start _____ Finish _____
Supervisor's name/title: _____
Reason for leaving: _____
Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

List duties in the service, including special training that is relevant to the position for which you have applied.

SKILLS (that you believe are related to the job for which you are applying)

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

PROFESSIONAL REFERENCES

1. Name, Company:

Dates known:

Address:

Phone number: _____ E-mail address: _____

2. Name, Company:

Dates known:

Address:

Phone number: _____ E-mail address: _____

3. Name, Company:

Dates known:

Address:

Phone number: _____ E-mail address: _____

PRE-EMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from ClarkPowell's employ.
2. Any offer of employment I may receive from ClarkPowell is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to ClarkPowell.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of ClarkPowell. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to ClarkPowell. Additionally, I hereby consent to having my motor vehicle report reviewed as a condition of employment as well as randomly throughout my employment.
4. I authorize and request that all of my present and former employers and those individuals I have listed as professional references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than an officer, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Applicant Signature

Date

ClarkPowell Representative

Date