



An Equal Opportunity Employer

Application for Employment

Please provide complete information to all requests.

Date Application Completed: _____ Location Applied For: _____

Last Name	First Name	Middle Name	Social Security Number
Street address		Phone Number	
		()	
City, State, Zip			
Emergency Contact:		Do you understand the requirements of the Position you have applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Can you perform the physical requirements with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you work Overtime if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Phone Number:			
()			
Position Applied For:		Pay Expected:	

Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? Yes No

Name & Location of Schools Attended	Graduated (Yes/No)	Type of Degree Awarded	Major Area of Study
High School			
College			
Other			

If you did not graduate from High School, circle the last year of school you completed.

5 6 7 8 9 10 11

List any other education, certifications, or trade skills that you have which relate to this job.

Are you 18 years of age or older? Yes No

A record of conviction does not necessarily disqualify you from employment consideration. Have you ever been convicted of a felony or misdemeanor, other than traffic violations? Yes No If yes, list only convictions and dates: _____

Employment History

Please provide accurate, complete full-time and part-time employment history for your last four positions. Start with your most recent employer.

#1 Co. Name	Telephone ()
Address	Employed From to
Supervisor's Name	Starting Pay Ending Pay
Your Title	Reason for Leaving

#2 Co. Name	Telephone ()
Address	Employed From to
Supervisor's Name	Starting Pay Ending Pay
Your Title	Reason for Leaving

#3 Co. Name	Telephone ()
Address	Employed From to
Supervisor's Name	Starting Pay Ending Pay
Your Title	Reason for Leaving

#4 Co. Name	Telephone ()
Address	Employed From to
Supervisor's Name	Starting Pay Ending Pay
Your Title	Reason for Leaving

IMPORTANT-READ CAREFULLY BEFORE SIGNING

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of material fact on this application will result in my immediate dismissal. I understand and agree that the fact that Impact Labor, LLC has or has not made an investigation or the fact that I performed my work satisfactorily for any period of time prior to this termination, shall not constitute a waiver, abandonment or bar of the right of Impact Labor, LLC to take such disciplinary action. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies, or any other party to release information concerning my background which may include, but is not limited to, criminal, credit, driver's records, so long as not prohibited by law and the requests are job related.

I further agree to submit to alcohol and /or drug screening tests, if requested of me, at any time prior to (only drug screens will be administered pre-employment), or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to Impact Labor, LLC and to my worksite employer. I further understand that no one, other than the President of Impact Labor, LLC in writing, has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by Impact Labor, LLC that the employment relationship is "at will" and can be terminated by either party without cause.

I further understand that this application for employment will remain "active" for thirty (30) days from today's date. If I still desire a position with Impact Labor, LLC, it will be my responsibility to fill out a new application and file it with Impact Labor, LLC after that period expires.

Signature of Applicant _____ Date _____