



Application for Employment

Our organization is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

PERSONAL INFORMATION

Date: _____

Name: _____

Mailing Address: _____

Home Telephone Number : () _____ Alternate Telephone Number: () _____

How did you hear about Ebert Companies? _____

EMPLOYMENT INFORMATION

If hired, are you able to submit verification of your legal right to work in the United States? YES NO

Position Desired _____ Second Choice _____

Available Start Date _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

EMPLOYMENT EXPERIENCE

List names and addresses of previous employers during the last five years. Begin with your most current employer.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)				
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)				
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)				
Job Title	Supervisor			
Reason for Leaving				

4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone number(s)				
Job Title		Supervisor		
Reason for Leaving				

EDUCATION

Type of School Attended	School Name and Location	Did you Graduate? YES/ NO	Field of Study
High School: circle highest grade completed 9 10 11 12			
Additional Education Vocational, Technical, University, College			
Additional Training/Qualifications			

SPECIAL SKILLS AND QUALIFICATIONS

PROFESSIONAL REFERENCES

List names and contact information of three professional references. Professional references may include previous co-workers, supervisors, instructors, or other individuals who are familiar with your professional experiences.

NAME OF REFERENCE	COMPANY NAME	JOB TITLE	TELEPHONE NUMBER

I authorize **Ebert Inc** to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This Application is not an employment agreement. Employment with **Ebert Inc** is at will. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing, signed by such officer.

Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may also be required to complete a medical history form and be examined by a medical professional designated by the company.

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize **Ebert Inc** to make an investigation of any of the facts set forth in this application."

I fully understand and accept all terms and conditions in the above statement.

Applicant's Signature

Date

Last name	First name	Middle initial(s)
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Date	Position(s) for which you are applying
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Please read carefully (voluntary disclosure): As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is ***completely voluntary*** and will only be used to monitor our compliance with equal opportunity laws and regulations. * *When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.*

Race/Ethnicity – Select one or more

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, 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 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.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.
- 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, the Middle East, or North Africa.
- Do not wish to answer

Disability – Are you a person with a disability?

- Yes
- No
- Do not wish to answer

Sex/Gender – Select one

- Woman
- Man
- Non-Binary/Transgender/Gender Non-Conforming
- Do not wish to answer