



# APPLICATION FOR EMPLOYMENT

Algar Inc. is an equal opportunity employer and does not discriminate against any applicant or team member in its employment practices because of race, color, religion, gender, sexual orientation, national origin, age, disability, uniformed service, veteran status, or any other protected class.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Mobile/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed by Algar Inc. before? Yes  No

If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired:  Full-time  Part-time Please indicate days and times available below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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\*Have you ever been convicted or pleaded "guilty" or "no contest" to a felony? Yes  No

If yes, please provide the date(s) of the convictions or pleas and the nature of the offense(s) \_\_\_\_\_

\* [Answering "yes" to these questions does not constitute an automatic bar to employment. Applicants need not disclose information related to convictions that have been expunged or pardoned or for which the records relating to such convictions have been sealed or destroyed pursuant to court order. Only offenses that are substantially related to the position will given consideration].

Driver's license Number: \_\_\_\_\_ State: \_\_\_\_\_

Who referred you to Algar? \_\_\_\_\_ Do you have friends or relatives who work for Algar? Yes  No  If so, who? \_\_\_\_\_

### Employment History

*Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.*

**Employer:** \_\_\_\_\_ **Dates employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Starting/final job titles:** \_\_\_\_\_ **Starting/final salary:** \_\_\_\_\_

**Summarize job responsibilities:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May we contact for reference:** Yes  No

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Dates employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Starting/final job titles:** \_\_\_\_\_ **Starting/final salary:** \_\_\_\_\_

**Summarize job responsibilities:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May we contact for reference:** Yes  No

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Dates employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Starting/final job titles: \_\_\_\_\_

Starting/final salary: \_\_\_\_\_

Summarize job responsibilities: \_\_\_\_\_

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

May we contact for reference:

Yes

No

Reason for leaving: \_\_\_\_\_

**Education**

	Name and Location	Years Completed	List Degree or Diploma	Course of Study
High School				
College				
Other				

**Skills and Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**References**

Please include three (3) references that are not related to you.

Name	Telephone	Relationship	Number of Years Known

**Applicant Statement**

**DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT BELOW:**

I certify that all information I have provided in order to apply for and secure work with Algar Inc. is true, complete and correct. I also understand that denial of employment or, if hired, termination of employment may occur if Algar Inc. discovers the falsification or material omission of information.

I authorize investigation of all statements contained herein and the references listed above to give Algar Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I also release all parties from all liability for any damage that may result from furnishing the same to any authorized Algar Inc. representatives.

If I am hired, I understand and agree, that I am free to resign at any time, with or without cause and without prior notice, and that Algar Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand and agree that no manager or representative of Algar, Inc. is authorized to make any assurances to the contrary, and that no implied, oral or written agreements, contrary to the foregoing express language are valid unless they are in writing and signed by the CEO of Algar Inc.

I agree that any claim or lawsuit relating to my service with Algar, Inc. must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that The Department of Homeland Security federal immigration laws require me to complete a Form I-9 in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned, \_\_\_\_\_, having made application for employment, hereby authorize any and all, or such agents or designees as they from time-to-time appoint, to make necessary or appropriate to verify information given by me concerning my present or past employment, businesses, credit and financial history, education, character and reputation.

I agree that in giving this authorization and release I shall indemnify and hold harmless each and every person, firm, organization or agency furnishing information about me.

I specifically authorize and direct any and all department or agencies of government, whether feeder, state or local, including any and all law enforcement agencies, to accept this, or a photo static reproduction hereof, as my authorization to release information to its agent or designee, information concerning me, including, but not limited to, records of any arrest or detention, military personnel records, records of licensure or registration and any and all application, background reports, or regulatory files kept or received in connection with such licensure or registration, or any other information pertaining to me as though such information were being released to me.

I release each and every department or agency which may be requested to, or which does furnish information about me, from any requirement to notify me of presentation of such request or release pursuant to this authorization, or a photo static reproduction hereof, except as may be required by law.

I understand that investigation of me may touch upon, or include request for information concerning my character, credit, personal habits and associates now, or in the past. I further understand that information about me may be reviewed, re-evaluation or updated from time-to-time.

I certify that I have read each of the provisions of this Authorization and understand each such provision.

\_\_\_\_\_  
Applicant Name (Print or Type)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth



## BACKGROUND CHECK FORM

_____		
<b>Social Security Number</b>		
_____		
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
_____	_____	_____
<b>Maiden or Alias Names</b>	<b>Email Address</b>	
_____	_____	
<b>Street Address</b>		
_____		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____
<b>Signature</b>	<b>Date</b>	
_____	_____	

<b>For Internal Use only</b>
Photo ID Received By: _____ Date: _____
Background Check Sent: Date: _____