



## **APPLICATION for EMPLOYMENT**

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**Name**

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**Date**

ProFlex provides equal employment opportunity to all qualified individuals without regard to race, color, gender, national origin, religion, age, marital status, sexual orientation, disability, veteran status, or other characteristic prohibited by law. This policy applies to all terms and conditions of employment, policies, and practices including, but not limited to, recruitment, hiring, placement, promotion, compensation, training, discipline and termination.

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please complete the entire application in full, even if attaching your resume. Please read the important notices to candidates on the last page and sign.

PERSONAL	Last Name		First	Middle	Social Security #	
	Street Address				Home Phone	Business Phone
	City, State, Zip				Email Address	
	Position Desired			Salary Desired	When can you start work?	
	Are you permitted under Federal and State Law to work in the United States?				Yes	No
	Are you currently employed?				Yes	No
	Are you willing to travel if the job requires?				Yes	No
	Have you served in the U.S. Military?				Yes	No
	Have you ever been discharged or asked to resign from any employment?				Yes	No
	If yes, please explain					
	Have you ever been convicted of a felony or other serious crimes?				Yes	No
	If yes, please explain					
	Have you ever been an employee at ProFlex?				Yes	No
	If yes, when					
How did you hear about us?						

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School					
	College					
	Graduate					
	Business / Trade Technical					
	Doctoral Work					

PROFESSIONAL	Please list memberships in professional organizations. You may exclude those which may disclose your race, color, religion or national origin.					

REFERENCES	Please list three <b>business</b> references who can verify your professional accomplishments, ability and information. Include relationship to you, ex: supervisor, manager.					
		Name	Company	Telephone	Relationship to you	
	1.					
	2.					
	3.					

## EMPLOYMENT HISTORY

Please give accurate and complete full-time and part-time employment. Start with your present or most current employer.

<b>1</b>	Company Name	Telephone		Email	
	Address	Employed From	To	Salary Start	Last
		Name and Title of Immediate Supervisor			
	State job title and describe your responsibilities		Reason for leaving		

<b>2</b>	Company Name	Telephone		Email	
	Address	Employed From	To	Salary Start	Last
		Name and Title of Immediate Supervisor			
	State job title and describe your responsibilities		Reason for leaving		

<b>3</b>	Company Name	Telephone		Email	
	Address	Employed From	To	Salary Start	Last
		Name and Title of Immediate Supervisor			
	State job title and describe your responsibilities		Reason for leaving		

<b>4</b>	Company Name	Telephone		Email	
	Address	Employed From	To	Salary Start	Last
		Name and Title of Immediate Supervisor			
	State job title and describe your responsibilities		Reason for leaving		

**Please explain any lapses in your employment history:**

**Are there any reasons why you would not be able to perform the duties of any position for which you are applying? If yes, please describe:**

# APPLICATION FOR EMPLOYMENT CANDIDATE NOTICE

**INSTRUCTIONS: Please read the following Notices and Sign the Certification Below**

## **Disclaimer**

Thank you for your interest in a career with ProFlex. Your opportunity for employment with us is based on your ability to perform the job. Our offer of employment is conditioned upon the results of reference checks and information verification, which may or may not occur before you begin work.

No material contained within our job ads, vacancy notices, or web-sites; nor in our formal employment application; nor that we grant an interview should be construed as a promise of employment nor are they terms or conditions of employment if it is offered. ProFlex reserves the right to alter, amend, add/delete policies and/or benefits at any time with or without notice, except as required by law.

## **ProFlex is an Equal Opportunity Employer**

ProFlex provides equal employment opportunity to all qualified individuals without regard to race, color, gender, national origin, religion, age, marital status, sexual orientation, disability, veteran status, or other characteristic prohibited by law. This policy applies to all terms and conditions of employment, policies, and practices including, but not limited to, recruitment, hiring, placement, promotion, compensation, training, discipline and termination.

## **Employment At-Will**

If you are offered and accept employment with ProFlex, your employment will be employment "at-will", which means you may terminate the employer-employee relationship at any time, for any reason, or without reason or prior notice. It also means that ProFlex may terminate your employment at any time, for any reason that is not prohibited by law, or without reason or prior notice. Only the President, by a written employment agreement signed by the President and the employee, has the authority to alter the "at will" employer/employee relationship.

## **Application Fraud & Misrepresentation**

Applying for this job certifies that all information you provide on your application form and all other information you provide in the course of applying for employment at ProFlex is truthful, complete, and accurate.

Please note that if information provided by you is false, untruthful, or misleading, your application may be rejected. In addition, please note that, upon being hired as an employee of ProFlex or at any time thereafter, you may be subject to disciplinary action, up to and including immediate termination of employment, if it is discovered that information provided by you in the course of applying for or accepting employment with us is later found to be false, untruthful, or misleading.

## **Employment Eligibility Verification**

All offers of employment by ProFlex are conditioned on the provision of satisfactory proof of your identity and legal authority to work in the United States, as authorized under the United States Immigration Reform and Control Act of 1986. Prior to your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (Form I-9).

## **Candidate Certification**

*"I certify that I have read and believe I understand each and every Important Notice to Candidates: Disclaimer, ProFlex is an Equal Opportunity Employer, Employment At-will and, Application Fraud & Misrepresentation.*

<b>Candidate's Signature</b>	<b>Date</b>

# BACKGROUND CHECK AUTHORIZATION

ProFlex does reference and substantive employment/background checks as part of our employment decision-making process. These checks may include reports with information about your character, general reputation, personal characteristics, mode of living and credit related matters. The scope of the checks may include, but will not be limited to the following: Civil and Criminal Records, Driving Record, Current and Past Residence Verification, Education Verifications, Employment History, and License Verifications.

## AUTHORIZATION AND RELEASE

By signing below, I certify that I have read and fully understand this release, and I execute this release voluntarily with the knowledge that falsification or omission of information may limit my chances for an employment offer.

Candidate Name: \_\_\_\_\_

Candidate Maiden Name: \_\_\_\_\_

(Maiden Name may be needed to verify degree(s) and/or previous employment. If no Maiden Name, please indicate with NA.)

Date of Birth (mm/dd/yy): \_\_\_\_\_

I, \_\_\_\_\_ (name) hereby authorize ProFlex and its designated representatives and hired agents to conduct such checks as they seem fit for purposes of employment. **I further authorize, without reservation, any business, individual, schools or public agency that may have information relevant to this check to disclose such information to ProFlex, its designated representatives, or hired agents.**

I hereby release ProFlex, its designated representatives, hired agents, and all persons and organizations providing information, from all claims and liabilities of any nature in connection with this check. I agree that a facsimile (fax) or photocopy of this authorization shall be valid as the original for this check.

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_