



APPLICATION FOR EMPLOYMENT

As part of the application process, Team Adhoc may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person’s race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, physical disability, mental disability, age, military status, or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner status, gender (including sex stereotyping), medical condition (including, but not limited to, cancer related or HIV/AIDS related), sexual orientation, or any other protected status except where reasonable, bona fide occupational qualification exists.

Please fill out completely			Today's Date	
Name			Nickname	
Home Address			How long at current address?	
City		County	State	Zip Code
Daytime Telephone () ()	Home Telephone () ()	E-mail Address		
Position for which you are applying			How did you hear about the position?	
Check the following options you would consider __ Full Time __ Part Time __ Temporary			If part time, specify hours or days available	
Do you have any commitments to another employer that might affect your employment with us? __ Yes __ No If yes, explain:			Date available for work	

EDUCATION AND TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				__ Yes __ No
College				__ Yes __ No
Graduate School				__ Yes __ No
Trade School				__ Yes __ No
List any other training, special skills, or certificates/licenses that you possess related to the job.				
Professional License/Certification#	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification#	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently.			List any languages that you read/write fluently.	
If you are applying for a position which involves driving a motor vehicle in the course and scope of employment duties, please indicate whether you have a valid driver's license in this state.				__ Yes __ No

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States?	__ Yes __ No
Are you 18 years or older? If under 18, state age. _____	__ Yes __ No
Were you previously employed by Team Adhoc? If yes, give dates. From: (month/year) To: (month/year)	__ Yes __ No
Can you perform the essential functions of the job?	__ Yes __ No
List any relatives working for Team Adhoc:	

EMPLOYMENT HISTORY

APPLICANT NAME _____

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed: From: (month/year) To: (month/year)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? ___ Yes ___ No			Type of Employment ___ Part Time ___ Full Time	
	Brief Description of Duties			Awards received:	
	Reason for Leaving			Notice given?	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed: From: (month/year) To: (month/year)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? ___ Yes ___ No			Type of Employment ___ Part Time ___ Full Time	
	Brief Description of Duties			Awards received:	
	Reason for Leaving			Notice given?	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed: From: (month/year) To: (month/year)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? ___ Yes ___ No			Type of Employment ___ Part Time ___ Full Time	
	Brief Description of Duties			Awards received:	
	Reason for Leaving			Notice given?	

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	Address		City	State Zip Code	
	Dates Employed: From: (month/year) To: (month/year)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? ___ Yes ___ No			Type of Employment ___ Part Time ___ Full Time	
	Brief Description of Duties			Awards received:	
	Reason for Leaving			Notice given?	

BUSINESS REFERENCES

APPLICANT NAME _____

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would include age, sex, sexual orientation, race, religion, color, national origin, or disability.)

AGREEMENT (Please read the following statement carefully)

____(initial) I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

____(initial) I authorize all persons listed above (and on the accompanying resume, if any) to give Team Adhoc any and all information concerning my previous employment and education and any relevant information they may have, personal or otherwise, and release all parties, such persons, and Team Adhoc, from liability for any damage that may result from furnishing same to Team Adhoc.

____(initial) I understand that Team Adhoc will provide worker’s compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Team Adhoc worker’s compensation policy.

____(initial) If employed with Team Adhoc, I agree to abide by the policies and procedures of Team Adhoc which include the Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Team Adhoc, or myself. I further understand that no manager or representative of Team Adhoc other than the president of Team Adhoc has any other authority to enter into any agreement, oral or written, on behalf of Team Adhoc for a term of employment or to make any assurance or promise of continued employment.

____(initial) I understand that Team Adhoc may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. This report may also contain a records check of driving, criminal, credit (for Finance positions only), education, degrees, professional licenses and/or certification records depending on the position for which I am applying. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Team

AGREEMENT con't.
(Please read the following statement carefully)

APPLICANT NAME _____

Adhoc as part of the pre-employment background investigation and if hired, at any time during my employment.

_____(initial) California Applicants: I further understand that Team Adhoc may obtain public records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public records by checking this box:

SIGN AND DATE YOUR APPLICATION

Employee Signature _____	Print Employee's Full Name	
	Last 4 of Social Security Number	Date Signed