



**Employee Application and New Employee Orientation Checklist**

DOC: FRM-601

Rev: 1

FILE:

6.2.1.1

APPROVED BY:

October 17, 2019

**APPLICANT SECTION**

Date: \_\_\_\_\_

Position applied for:

\_\_\_\_\_

**Personal Details**

First name:

Last name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Recommended by:

\_\_\_\_\_

\_\_\_\_\_

**Education History**

	Name and Location of School	Years completed	
High School			
College			
Trade, Business or Correspondence School			

**Former Employers**

Are you currently employed?

Yes

No

If yes, may we contact your present employer?

Yes

No



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(List below your last 3 employers beginning with your most recent)

Name	Phone Number	Position Held	Reason for Leaving	Dates Employed

Have you ever been convicted of a felony?

NO  YES

If yes, please explain:

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any liability for damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."