

APPLICATION FOR EMPLOYMENT

The Gooding Group, LLC, is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, national origin, marital status, sexual orientation, disability, handicap, veteran status or other protected class.

(PLEASE PRINT)

Today's Date: _____	Position(s) Applied For: _____	
Date Available For Work: _____	Salary Desired: _____	
Referred By:		
____ Advertisement	____ Friend	____ Walk-In
____ Employee:	____ Relative	____ Other
____ Employee's name: _____		

PERSONAL:

____ Last Name	____ First Name	____ Middle Initial
____ Street Address	____ City	____ State ____ Zip Code
____ Home Phone	____ Other Phone	____ E-mail address

MISCELLANEOUS:

1. If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes _____ No _____
2. Are you legally eligible for employment in the United States? Yes _____ No _____
(If offered employment, you will be required to provide documentation to verify eligibility.)
3. Are you currently employed? Yes _____ No _____
4. May we contact your present employer? Yes _____ No _____
5. Are you currently on layoff status and subject to recall? Yes _____ No _____
6. Have you worked for us in the past? Yes _____ No _____ If yes, from: _____ to: _____
7. During the last ten years, have you been convicted of a crime other than a minor traffic offense?
Yes _____ No _____ If yes, explain:
(A conviction will not necessarily disqualify you for employment.)
8. Do you have any travel restrictions which may cause you to be absent from work?
Yes _____ No _____ If yes, explain:
9. Do you have any limitations regarding working hours?
Yes _____ No _____ If yes, explain:

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

	Name & Location	Course of Study	# of Years Completed	Type of Degree or Diploma
High School				
College				
Trade School				
Vocational School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

EMPLOYMENT: Start with your current or last job, including military service.

_____	_____	_____
Name of Employer	Address, City, State, Zip Code	Telephone #
Dates of Employment: From _____ To _____ Position: _____		
Starting Wage: _____ Ending Wage: _____ Reason For Leaving: _____		
Name & Title of Supervisor: _____		
<i>Job Responsibilities:</i>		

_____	_____	_____
Name of Employer	Address, City, State, Zip Code	Telephone #
Dates of Employment: From _____ To _____ Position: _____		
Starting Wage: _____ Ending Wage: _____ Reason For Leaving: _____		
Name & Title of Supervisor: _____		
<i>Job Responsibilities:</i>		

Name of Employer Address, City, State, Zip Code Telephone #

Dates of Employment: From _____ To _____ Position: _____

Starting Wage: _____ Ending Wage: _____ Reason For Leaving: _____

Name & Title of Supervisor: _____

Job Responsibilities:

Name of Employer Address, City, State, Zip Code Telephone #

Dates of Employment: From _____ To _____ Position: _____

Starting Wage: _____ Ending Wage: _____ Reason For Leaving: _____

Name & Title of Supervisor: _____

Job Responsibilities:

REFERENCES:

Name	Relationship To You: (relative, friend, employer, professional, etc.)	Phone #	Years Known

COMMENTS: Include comments you'd like for us to consider regarding potential employment.

List professional, trade, business or civic activities, offices, memberships and licenses held.
(You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability, marital status, veteran status or any other protected status.)

APPLICANT'S CERTIFICATION AND AGREEMENT

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and it may be relied upon.
3. Employment at will. I understand that if I am employed, I will be an employee "at will." This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
4. No written, oral or implied contracts. I understand that any written company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or company policies as stating employment terms. The employment relationship with the company may be modified only in writing directed to me by the President of the Company.
5. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that, as a condition of continued employment, I will submit to drug and alcohol testing in the future, including participation in the company random drug testing program. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
6. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures. Failure to abide by these safety rules could be grounds for immediate dismissal. For example, you will agree to wear fall protective gear, including a harness, whenever an injurious fall could occur, as directed by your supervisor or safety director.

I acknowledge that I have read and understand the above statement in its entirety, and I have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

RTF VPCOG OF APPLICANT

DATE

FOR PERSONNEL USE ONLY:

Pre-employment screening: _____

Job classification: _____

Expected start date: _____

Job title: _____

Starting wage: _____

Department: _____

revised 1/7/10

EMPLOYMENT INQUIRY RELEASE

In connection with your application for continued employment with The Gooding Group companies, on our behalf, EZ-FACTS, or another agency of our choosing, will make inquiries, including but not limited to, your driving history, criminal history, consumer credit history, education, professional licensing, personal character, abilities, work habits, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment – including reasons for termination from past employers.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained and, in that event, upon your written request, we will provide a copy of the report we receive and the FTC notice, “A Summary Of Your Rights Under The Fair Credit Reporting Act.”

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories contacted by EZ-FACTS or other agency to furnish any or all of the above mentioned information. Your authorization releases EZ-FACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EZ-FACTS or other agency the above mentioned information as requested, in order to successfully complete a background investigation for your application of employment. Your signature allows a photocopy, e-mail, scan or fax copy of this authorization to be as valid as the original.

Print Full Name _____ Phone # _____

Street Address _____ Phone # (Other) _____

City, State, Zip _____

Maiden or Other Names Used _____

Graduation Date: High School _____ College _____

*Date Of Birth _____ Social Security # _____

Do you have a valid driver's license? _____ State _____

Driver License # _____ Expiration Date _____

Applicant Pco g _____

*Date of birth and all other information above is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.