



A1 ORGANICS APPLICATION FOR EMPLOYMENT

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, genetic information, or any other legally protected status.

Please Print

Position(s) Applied For:	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Website
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address: <i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>
		<i>Zip</i>
Telephone Number(s)	Social Security Number: _____ - _____ - _____	

Best time to contact you at home is: _____:_____ am pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before: If yes, give date _____ yes no

Have you ever been employed with us before? If yes, give date _____ yes no

Have you ever been convicted of a crime? yes no

If yes, list EACH conviction (felony/misdemeanor) separately and state convicted in:

(A conviction will not necessarily result in denial of employment).

Do any of your friends or relatives, other than a spouse, work here?
 If yes, state name, relationship and location _____ yes no

Are you currently employed? yes no

May we contact your present employer? yes no

Are you legally eligible for employment in the United States?
 (Proof of citizenship or immigration status will be required upon employment) yes no

Date available for work: _____/_____/_____ What is your desired salary range: \$ _____ year

Are you available to work: Full Time Please indicate: 1 2 3 shift
 Part Time Please indicate: Morning Afternoon Evening
 Temporary Please indicate dates available: _____/_____/_____ - _____/_____/_____

Are you currently on "lay off" status and subject to recall? yes no

Can you travel if a job requires it? yes no

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YRS COMPLETED	DIPLOMA/DEGREE
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, genetic information, or other protected status.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact?	<input type="checkbox"/> yes <input type="checkbox"/> no
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact?	<input type="checkbox"/> yes <input type="checkbox"/> no
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact?	<input type="checkbox"/> yes <input type="checkbox"/> no
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary		
Starting/Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact?	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States Military

List professional, trade, business or civic activities and offices held

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, genetic information, or other protected status.)

Additional Information – Other Qualifications

(Summarize special job-related skills and qualifications acquired from employment or other experience.)

List professional, trade, business or civic activities and offices held

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, genetic information, or other protected status.)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (List)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Other	_____	_____	_____
___ Other	_____	_____	_____
State any additional information you feel may be helpful to us in considering your application.			

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No Initial here: _____

Personal/Professional References (Do not include family members)

Name	Phone Number	Best time to call	Occupation

APPLICANT'S STATEMENT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if hired by my Worksite Employer, I am entering into a co-employment relationship with my Worksite Employer and OnePoint Solutions.

I understand that, as a condition of my consideration for employment with my Worksite Employer, or as a condition of my continued employment with my Worksite Employer, my Worksite Employer may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, verification through the E-Verify program, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to my Worksite Employer's and its Agent's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, my Worksite Employer will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with my Worksite Employer. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand that my employment is at the will of the employer and may be discontinued at any time with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

Revised 01/2010