

Application for Employment

AFTERDISASTER®

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the HR Department.

PLEASE PRINT

Position(s) applied for: _____ Date of Application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name Source (if applicable) _____

Name _____

Address _____

Telephone Number (____) _____

If necessary, best time to call you at home is : ____ am
pm

May we contact you at work Yes No

If yes, work number and best time to call (____) : ____ am
pm

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Do you have any friends or family now employed by our company? _____ If so, please give name and position.

Are you legally eligible for employment in the U.S.? Yes No

Date available to work / ____ / ____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

What is your pay expectation? _____

Are you on lay-off and subject to recall? Yes No

Will you relocate if the job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the required of the position (365 days per year/24 hours per day 7 days per week availability)? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of any crime? (Excluding minor traffic violations.) Yes No

If yes, please explain: (**Note:** A conviction does not necessarily exclude you from employment) _____

Do you have a valid N.C. Driver's license? Yes No

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		Hourly Rate/Salary Final	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Starting	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	
Employer	Telephone ()	Dates Employed From To	
Address			
Job Title		Hourly Rate/Salary Final	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Starting	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		Hourly Rate/Salary Final	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Starting	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	
Employer	Telephone ()	Dates Employed From To	
Address			
Job Title		Hourly Rate/Salary Final	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Starting	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and Minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any Foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List Special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

I understand that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 1 year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I understand that this company has a drug screening policy, and as a condition of my employment I must have a negative drug test result. I also understand that I will be subject to random drug screenings.

I have reviewed and understand the job description for the position that I am applying for and certify that I can perform the essential functions of the job.

I understand if my employment ends within the first 90 days for any reason, I will be responsible for returning Company property which includes but not limited to uniform shirts and uniform fee of \$75.00 for uniform Khakis that was issued to me.

I understand that if after 90 days I resign or I am terminated I will be responsible for returning Company property which includes but not limited to uniform shirts, cell phones, safety equipment etc.

FOR COMPANY DRIVERS AND POTENTIAL COMPANY DRIVERS

Employees who will drive our company vehicles must have a valid N.C. driver's license.

Employment depends on our insurance company's ability to insure you. If at any time our insurance company notifies us that you are not able to be on our policy, you will face possible termination.

Employees who drive or will drive company vehicles are responsible and obligated to inform AFTERDISASTER within 7 days in writing of any traffic convictions (tickets, DUI's, etc.) This notification is to be turned into HR. Failure to do so is grounds for termination.

Signature or Applicant _____ Date _____ / _____ / _____

Voluntary Self-Identification

AFTERDISASTER is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Name _____ Date ____ / ____ / ____

Position(s) applied for _____

Race or Ethnicity

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Gender

- Male
- Female

Veteran Status

- Vietnam Era Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veterans

I do not wish to Self-Identify

Signature _____