



For Company Use Only	
Hire Date	
Rate of Pay	
Position	
Job Site	

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_ SS# \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age(over 40), sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Telephone(Area Code) \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS

Street Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Street Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

CIRCLE THE FOLLOWING OPTIONS, WHICH YOU WOULD CONSIDER: FULL TIME PART TIME TEMPORARY  
 DAYS EVENINGS

LIST ANY FRIEND OR RELATIVE WORKING FOR THE ORGANIZATION: \_\_\_\_\_  
 \_\_\_\_\_

IF MINOR, AGE \_\_\_\_\_  
 CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF US CITIZENSHIP: YES NO

IF NOT A US CITIZEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE US? YES NO

WERE YOU PREVIOUSLY EMPLOYED BY THE ORGANIZATION? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORM THE JOB APPLIED FOR? YES NO

EDUCATION & TRAINING

HIGH SCHOOL \_\_\_\_\_ GRADUATE: YES NO  
 Complete Address \_\_\_\_\_  
 COLLEGE OR UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE/YEAR  
 Complete Address \_\_\_\_\_  
 COLLEGE OR UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE/YEAR  
 Complete Address \_\_\_\_\_  
 COLLEGE OR UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_ DEGREE/YEAR  
 Complete Address \_\_\_\_\_  
 TRADE SCHOOL \_\_\_\_\_ SUBJECTS \_\_\_\_\_ COMPLETED/YEAR YES NO  
 APPRENTICE SCHOOL \_\_\_\_\_ SUBJECTS \_\_\_\_\_ COMPLETED/YEAR YES NO

LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILL, OR CERTIFICATES/LICENSES THAT YOU POSSESS RELATED TO THIS JOB:  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Name	Title	Business	Phone	Years
Name	Title	Business	Phone	Years
Name	Title	Business	Phone	Years

**EXPERIENCE (List the last 10 years experience beginning with most recent)**

NAME OF EMPLOYER		TYPE OF BUSINESS		
Address	(City)	(State)	(Zip Code)	(Phone)
DATES EMPLOYED		STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT (CIRCLE ONE)	YES	NO
BRIEFLY DESCRIBE YOUR DUTIES:		REASON FOR LEAVING		

NAME OF EMPLOYER		TYPE OF BUSINESS		
Address	(City)	(State)	(Zip Code)	(Phone)
DATES EMPLOYED		STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT (CIRCLE ONE)	YES	NO
BRIEFLY DESCRIBE YOUR DUTIES:		REASON FOR LEAVING		

NAME OF EMPLOYER		TYPE OF BUSINESS		
Address	(City)	(State)	(Zip Code)	(Phone)
DATES EMPLOYED		STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT (CIRCLE ONE)	YES	NO
BRIEFLY DESCRIBE YOUR DUTIES:		REASON FOR LEAVING		

**DRIVERS**

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE: YES NO  
 IF YES, LICENSE NUM. : \_\_\_\_\_  
 LIST ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS UNDER "COMMENTS".  
 "COMMENTS"  
 LIST ANY COMMENTS OR QUALIFYING STATEMENT YOU CARE TO MAKE

---

---

---

---

---

---

---

---

---

---

**APPLICANT'S CERTIFICATION**

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME IN THE APPLICATION ARE CORRECT AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN MY DISCHARGE.

I AUTHORIZE YOU TO COMMUNICATE WITH ALL MY FORMER EMPLOYERS, SCHOOL OFFICIALS AND PERSONS NAMED AS REFERENCES. I HEREBY RELEASE ALL EMPLOYERS, SCHOOLS AND INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION.

I ALSO UNDERSTAND THAT (1) THE COMPANY HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PRE-EMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICAL EXAMINATIONS.

I UNDERSTAND THAT AS THIS ORGANIZATION DEEMS NECESSARY, I MAY BE REQUIRED TO WORK OVERTIME HOURS OR HOURS OUTSIDE A NORMALLY DEFINED WORK DAY OR WORK WEEK. IF EMPLOYED, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND WITHOUT ANY LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT RELATED BENEFITS.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



## VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSE

Nova Commercial Co., Inc. is an Equal Opportunity/Affirmative Action employer. The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Please check the appropriate box:

Male

Female

ETHNIC CATEGORY (Check One)

\_\_\_\_\_ **WHITE** (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **BLACK OR AFRICAN AMERICAN**- All persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** - All persons having origins in Hawaii or any of the original peoples of the Pacific Islands including the Philippine Islands, and Samoa.

\_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER** - All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent. This area includes, for example, China, Japan, and Korea.

\_\_\_\_\_ **AMERICAN INDIAN OR ALASKA NATIVE** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

\_\_\_\_\_ **HISPANIC OR LATINO** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **TWO OR MORE RACES**

\_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Hawaiian / Pacific Islander

\_\_\_\_\_ Asian \_\_\_\_\_ American Indian / Alaskan \_\_\_\_\_ Hispanic or Latino

Please check if the following is applicable:

\_\_\_\_\_ **HANDICAPPED INDIVIDUAL** - Any person who (1) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (2) has a record of such Impairment or (3) is regarded as having such impairment. A handicap is "substantially limiting" if it is likely to cause difficulty in securing, retaining, or advancing in employment.

\_\_\_\_\_ **VETERAN ELIGIBILITY** - Served in armed forces between August 5, 1964 and May 7, 1975.

\_\_\_\_\_ **DISABLED VETERAN ELIGIBILITY** - A veteran with a disability, service connected or otherwise.