

# EMPLOYMENT APPLICATION

*AN EQUAL OPPORTUNITY EMPLOYER*

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street City State Zip Code

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you 18 years or older?  YES  NO

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ PAGER # \_\_\_\_\_ WORK # \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO

Salary Requirements \$ \_\_\_\_\_ If the job needs one, I have a current VALID driver's license?  YES  NO

Have you ever been convicted of a misdemeanor or felony?  YES  NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: \_\_\_\_\_

Have you signed a non-compete agreement or employment contract in the past year or so?  YES  NO. If yes, describe: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

What hours can you work? MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_  
From - To From - To From - To

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_  
From - To From - To From - To From - To

Are you employed now?  YES  NO. If yes, may we inquire of your current employer?  YES  NO

Do you plan to work another job? If yes, what hours? \_\_\_\_\_

## TRANSPORTATION

I have reliable transportation to: (check all that apply)

- All Hampton Roads work assignments  It matters based on the shift I work
- Just those close to a bus stop / other public transportation  I do not have reliable transportation - I walk to work
- Just those close to my residence  I don't know
- Just those where a friend or family could drop me off

## JOB REQUIREMENTS

Have you ever worked for a company in our industry before?  YES  NO. If yes, when? \_\_\_\_\_

What Company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

**MILITARY SERVICE**

U.S. Military [ ]YES [ ]NO National Guard [ ]YES [ ]NO. Branch \_\_\_\_\_ Rank \_\_\_\_\_  
 Active Now? [ ]YES [ ]NO Position Title or Summary \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
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EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

Comments, including explanation of gaps of employment \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant's Signature \_\_\_\_\_

DATE \_\_\_\_\_



## **NOTICE TO ALL PARTICIPANTS DRUG SCREENING REQUIREMENTS**

*On June 1, 1999, the Company will begin implementation of a drug testing program for applicants. This program will involve testing of the potential employee of the Company.*

*As part of the employment process and after a conditional offer of employment has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by the company. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment will be revoked and the hiring process will be terminated immediately.*

\* Please complete consent form on back ⇒



APPLICANT INFORMED CONSENT TO DRUG TESTING  
AND RELEASE OF LIABILITY AND MEDICAL INFORMATION

I understand and agree that I am required, as a potential employee, to submit a sample of my urine for chemical testing as a part of my pre-employment screening. It is understood that the urine sample will be taken in the offices of a company designated laboratory and analyzed by qualified medical or laboratory personnel. Further, I understand this analysis will be used to determine the presence, if any, of non-prescribed, unauthorized or prohibited controlled substances in my urine.

I freely and voluntarily consent to this request for a urine specimen. I hereby release and hold harmless the Company, the laboratory, the property owner and their respective employees, agents, contractors, officers, directors and affiliates from any liability whatsoever arising from the request for a urine sample, the testing of the urine sample, and any decisions made on the basis of analysis. I further freely voluntarily authorize the company-designated laboratory to release to the Company all test results of the drug screening urine test as permitted by law.

I understand that a document chain of specimen custody will be made to ensure the identify and integrity of my urine sample throughout the collection and testing process.

\_\_\_\_\_  
*Signature of Applicant*

*Date*

\_\_\_\_\_  
*Signature of Witness*

*Date*

*Social Security Number:* \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Ripley Heatwole Company and/or any of their managed properties and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Ripley Heatwole Company and/or any of their managed properties, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

PLEASE PRINT:

(First Name)	(Middle Initial)	(Maiden/Former Name)	(Last Name)
(Current address, city, state, & zip)			
(Social Security Number)	(Date of Birth)*		
(Driver License Number)	(State of Issue)		
(Signature)	(Date)		

I understand that the company will provide me with a copy of any such report as pursuant to the federal Fair Credit Reporting Act or I may request a copy of any report that is prepared, along with the name and address of the reporting agency that produced the report regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act."

\*I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.