

APPLICATION FOR EMPLOYMENT



Date:		
Applicant Name:		
Present Address:		
Telephone:		Email:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	You must be at least 21 years of age to operate our vehicles. Are you 21 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many years have you had your driver's license?	
Position you are applying for (select all that apply) <input type="checkbox"/> Sales <input type="checkbox"/> Accounting/Administrative <input type="checkbox"/> Delivery <input type="checkbox"/> Warehouse		
Location:		
Date you can start:	Salary desired:	
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for Hubbard Supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any friends, relatives, or acquaintances working for Hubbard Supply? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, state name and relationship:		
Education		
High School:	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education or training:	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other special skills:	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet.

Employer:

From:	To:	Position held:	Supervisor's name:
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Description of duties

Employer:

From:	To:	Position held:	Supervisor's name:
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Description of duties

Authorization and Acknowledgments

Hubbard Supply, Inc. is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize the investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

By signing below, I certify that I have read, understand, and agree to each of the above statements.

Application Signature: _____

Date: _____

Background Screening Consent Form



Personal Information

Full Legal Name (First, Middle, Last):		
Maiden Name/Other Names Used:		
Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:	State Issued:	Expiration

Address History

Address history for the last 7 years (attach additional pages if necessary)

Street	City	State	Zip Code	Years Resided From - To

Authorization to Release Information and Records

I hereby authorize Hubbard Supply, Inc. and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment. I authorize all persons who may have information relevant to this investigation to disclose it to EZ Screen Solutions, LLC and/or their agent. I release and agree to hold harmless all persons providing such information and EZ Screen Solutions, LLC., its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to EZ Screen Solutions, LLC the following information and/or copies of documents from my military service record: DD-214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report which can take several weeks. I also understand that I may request a copy of the report from EZ Screen Solutions, LLC at 5994 S. Holly St. #151 Greenwood Village, CO 80111 or at telephone number (800) 429-5303. After reading this document, I fully understand its contents and authorize the background verification.

Application Signature: _____

Date: _____