



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 (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT) IF YES, EXPLAIN: _____

**DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORM THE JOB APPLIED FOR? YES__ NO__ IF YES, EXPLAIN THE TYPE OF
 ACCOMMODATION
 REQUIRED** _____

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:

LIST ANY LANGUAGES THAT YOU FLUENTLY:
 SPEAK: _____ READ: _____ WRITE _____

REFERENCES

NAME	TITLE	BUSINESS	PHONE	YEARS
KNOWN				
1. _____				
2. _____				
3. _____				

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 YES NO _____ Salary _____

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 YES NO _____ Salary _____

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 YES NO _____ Salary _____

Briefly Describe Your Duties: _____ Reason for leaving _____
=====

DRIVERS

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE: YES__ NO__ IF YES, LICENSE NO: _____

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: _____ County: _____

Male

Female

Please check the appropriate box

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 categories are 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.