# IN THE BUSINESS OF YOUR SUCCESS\*\*

# ADP TOTALSOURCE® MODEL EMPLOYMENT APPLICATION

#### **INSTRUCTIONS:**

- Please detach this instruction page prior to giving the application form to the applicant.
- Please note that while ADP TotalSource® has made this model employment application available in Word format, we generally advise against making changes and therefore are unable to make any changes on your behalf. This form should not be considered legal advice. Any changes made should be reviewed by your counsel.
- This employment application can be used by applicants for any position within your company.

#### **CRIMINAL RECORD INFORMATION:**

- Some states require employers to wait until late in the selection process to ask about convictions. The policy rationale is that an employer is more likely to objectively assess the relevance of an applicant's conviction if it becomes known when the employer is already knowledgeable about the applicant's qualifications and experience. As a best practice, and consistent with applicable laws, the Equal Employment Opportunity Commission ("EEOC" the federal government agency that enforces anti-discrimination laws) recommends that employers not ask about convictions on job applications and that, if and when they make such inquiries, the inquiries be limited to convictions for which exclusion would be job related for the position in question and consistent with business necessity. For this reason, there are no criminal record inquiries included with this application.
- We strongly recommend that clients conduct appropriate criminal background checks on all
  applicants after a contingent offer of employment has been extended. In addition, clients must
  employ an individualized assessment when reviewing criminal history.
- The EEOC guidance is available on the EEOC website below: http://www.eeoc.gov/laws/guidance/arrest\_conviction.cfm

For assistance in evaluating criminal history based on the EEOC guidance and potentially applicable state law please contact your Human Resource Business Partner.

#### PREVIOUS SALARY INFORMATION:

Certain state and local laws prohibit employers from screening job candidates based on their previous salary and/or asking salary-related questions until after an offer is made. Federal legislation has also been introduced in congress which would impose similar restrictions. Given the likelihood that this trend will continue, we have removed salary history questions from our model employment application.

## **EMPLOYMENT APPLICATION**

### (PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

Applicants for positions in Rhode Island please note that the Company and ADP TotalSource, our Professional Employer Organization are subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and are therefore covered by the state's workers compensation law.

COMPANY:		
POSITION APPLIED FOR:		DATE:
PERSONAL DATA		
Salary expectations:		
Name:		
Last	Middle	First
Street Address:		
City:	State:	Zip Code:
Telephone:		
If you are under 18 years of age, please specif for child labor law purposes).	y your age: (T	his information will be used only
Are there any days, shifts or hours you will not v	work?* □ Yes □ No	
If yes, please explain:		
Are you available for out of town work? *	□ Yes □ No	
Will you work overtime, if required?*	□ Yes □ No	

\*Note: It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

When will you be able to start work?
How did you learn of the Company?
Have you ever applied or worked for the Company before? ☐ Yes ☐ No
If yes, provide dates:
Are you legally authorized to work in the United States? ☐ Yes ☐ No
Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? ☐ <b>Yes</b> ☐ <b>No</b>
<b>Note:</b> The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as
a condition of employment.
DRIVING RECORD
DRIVING RECORD  (Answer only if driving is a requirement of the job for which you are applying).
DRIVING RECORD  (Answer only if driving is a requirement of the job for which you are applying).  Do you have a valid driver's license?   Yes  No State: License No:
DRIVING RECORD  (Answer only if driving is a requirement of the job for which you are applying).  Do you have a valid driver's license?
DRIVING RECORD  (Answer only if driving is a requirement of the job for which you are applying).  Do you have a valid driver's license?

## **EDUCATION**

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Gradu	ated	If no, Degree	Type of Degree	Major	Minor	Grade Point/ Overall GPA
Educational institution	Yes	No	Credits Earned	Received or Expected	Major	MIIIOI	
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

## **EMPLOYMENT HISTORY:**

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name:	
Name of Supervisor:	
Dates Employed: From:To:	
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Name of Supervisor:	
Dates Employed: From:To:	_
State job titles and describe job duties:	
Reason for leaving:	

Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: ☐ Yes ☐ No
Dates Employed: From:To:	
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: ☐ Yes ☐ No
Dates Employed: From:To:	
State job titles and describe job duties:	
Reason for leaving:	
Did you receive any discipline in your last 12 months of a  ☐ Yes ☐ No If yes, please explain:	
Were you given a performance evaluation within the las	st 12 months of active employment?
If yes, what was the range of scores used and what v	vas your score?
Have you signed any non-competition or non-solicitate any other employer that might restrict you from worki copy of the agreement if you are being considered for	ng for the Company (you will be required to furnish a
□ Yes □ No	
If yes, please explain:	

**PROFESSIONAL REFERENCES** (Please list three individuals unrelated to you with whom you have worked who know your qualifications for this position.)

INAIVIE	ADDRESS	FHONE	KELATIONSHIP		
MILITARY (Complete of	only if you served in the military.)				
Branch of Service:	Number o	f Years /Months	of Service:		
Rank at Discharge; Date of Discharge:					
Describe any military skills, training or experience you believe are relevant to the job you applied for:					
LIE DETECTOR TI	ESTS				
	<b>Note:</b> It is unlawful in Massachusetts to recomment or continued employment. An employand civil liability.				
employment or continued en	: An employer may not require or demand, inployment, an individual submit to or take a aw is guilty of a misdemeanor and subject to this notice:	lie detector or sim	ilar test. An		
Applicant's Signature:					

#### APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company and ADP TotalSource® to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY OR ADP TOTALSOURCE WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY OR ADP TOTALSOURCE.

I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY AND THAT MY AT-WILL STATUS WITH ADP TOTALSOURCE MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE PRESIDENT OF ADP TOTALSOURCE.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination or take a preemployment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the Company and ADP TotalSource to release the results of my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release the Company, ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

<b>CALIFORNIA APPLICANTS ONLY:</b> I understand the Company or ADP TotalSource may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company or ADP TotalSource. □
Signature (all applicants): Date: