

Home Furniture Company Application for Employment

Confidential

Name: _____

Position Desired: _____

Date: _____

This contains confidential information and is intended for the person(s) involved in the hiring process.
Any use by others is strictly prohibited.

HOME FURNITURE COMPANY
APPLICATION FOR EMPLOYMENT

Date _____

The following information is requested to help us make the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics.

PLEASE PRINT LEGIBLY

Social Security # _____

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street)

(City) (State) (Zip)

CONTACT _____
(Cell Phone) (Alternate Phone) (Email)

POSITION DESIRED _____ **SALARY DESIRED** _____

If hired, can you show proof of legal authorization to work in the United States? Yes No

Are you at least 18 years of age? Yes No

If under 18 years of age, can you produce a work permit upon hire? Yes No

If you are hired, when can you begin work? _____

Shift/Schedule limitations: _____

DO YOU HAVE ANY FELONY OR MISDEMEANOR CONVICTIONS AS AN ADULT? Yes No

IF YES, EXPLAIN (MANDATORY) _____
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT, HOWEVER FAILURE TO ANSWER OR MISREPRESENTATION WILL)

High School City Attended From-To Graduated? & Year

College City Attended From-To Degree

Other City Attended From-To Degree

EMPLOYMENT RECORD (Please account for all time over the past 10 years, most recent job first.)

1.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

2.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

3.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

4.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

5.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

6.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

7.
From _____ Employer _____ Location _____ Position _____
To _____
Phone _____ Pay Rate _____ Reason for Leaving _____

Please indicate by # the employers you DO NOT want us to contact: _____ and the reasons:

List special training, certificates, or licenses you have relative to the job for which you are applying:

List any job-related professional associations in which you participate: _____

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PLEASE COMPLETE THE FOLLOWING IF APPLYING FOR A DRIVER POSITION:

EXPERIENCE AND QUALIFICATIONS – DRIVER

1) List all driver's licenses held in the past 3 years:

<u>STATE</u>	<u>LIC. #</u>	<u>TYPE</u>	<u>EXP. DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) List all accidents in the past 3 years:

<u>DATES</u>	<u>NATURE OF ACCIDENT</u>
_____	_____
_____	_____
_____	_____

3) List all traffic convictions in the past 3 years:

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any license, permit, or privilege ever been suspended or revoked? _____

If yes, what & why? _____

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the President of the Company, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if the Company offers me employment, I may be required to complete a physical examination and/or drug and alcohol-screening test. I understand that failing to submit to the test or obtaining a positive test result will disqualify me from employment. The examination and the test shall be performed at the employer's expense, by a physician of the employer's choice. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; if chosen for a random drug test; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and the test will be performed at the employer's expense, by the employer's choice of physician.

I authorize Home Furniture Company to conduct a criminal background check on me. I also authorize Home Furniture Company to conduct a driving record check on me if the position applied for is that of a driver. I understand that, if I am hired, subsequent checks may be performed while I am employed with the Company.

I authorize my former employer(s) and its employees and representatives to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any officer of Home Furniture Company. This information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I have or may have against my former employer(s) and its agents, employees, and representatives. I release Home Furniture Company and its agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

Applications for employment are active for only 90 days. It would be necessary to re-apply should you so desire upon the passage of 90 days from the date this application is signed.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

(Applicant's signature)

(Date)

(Printed Name)

HOME FURNITURE COMPANY
APPLICANT'S DISCLOSURE & CONSENT RELEASE OF INFORMATION - LA & TX

APPLICANT INFORMATION

List all cities lived in within the last 10 years.

Applicant Name (First Middle Last)	Current Address (street address)
Maiden Name	City State Zip
Other Name(s) used, or Alias	Former Address (1)
Social Security No.	City State Zip
Driver's License No. State	Former Address (2)
Date of Birth Place of Birth (City, State)	City State Zip

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but are not limited to: driving record, workers compensation records, credit bureau files, financial records, military records, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Louisiana, Texas or any other State. A photocopy scan or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize ERS, any other consumer reporting agency, and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge Home Furniture Company, ERS and their associates, and any other consumer reporting agency and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Applicant Signature

Applicant Name Printed

Date