



Application for Employment

8397 East 10th Street
Indianapolis, IN 46219 (317) 292-9343 FAX (317) 292-9403
Email application as an option: **cakinsey@esrstaffing.com**

Name (last, first, middle) _____
Today's Date

Address City State Zip Code

(_____) _____
Primary Phone # Alternate Phone # E-mail address

Emergency Contact Emergency Contact Phone #

How were you referred to us? Advertisement Agency Walk-in Friend/Relative _____
Other _____ Please list name on line above

Date Available: _____ Part-Time/Full-Time (circle one)

Circle the days you are willing to work: All M T W Th F S Su

Circle the shifts you are willing to work: All Days Afternoons Nights

How far are you willing to commute? _____ Miles/Minutes (circle one)

What form of transportation will you use to get work? Car Bus Other

Do you have a current, valid Driver's license? (No Suspensions) Yes No **If yes, list what state:** _____

Have you been convicted of a felony? Yes No
(An affirmative response to this question will not necessarily disqualify an applicant from employment)

****As a condition of employment (subject to specific client request) you may be required to take and pass a drug and/or alcohol screen in any or all of the following circumstances: Pre-employment, Post-accident, For Cause, Random Selection.**

Testing will be done at the company's expense and administered by a testing facility designated by the company.
Results of any testing will be strictly confidential. If requested, are you willing to take the drug and/or alcohol screen?
 Yes No

Employment History (list in order, most recent first)

from to Company Position held Salary

Company address City State Zip code

Immediate supervisor Business phone May we contact? Yes No

Pertinent duties: _____

Reason for leaving: _____

Please print name on this line: _____

Employment History (Continued)

_____-_____-_____
from to Company Position held Salary

Company address City State Zip code

_____(_____)_____
Immediate supervisor Business phone May we contact? Yes No

Pertinent duties: _____

Reason for leaving: _____

_____-_____-_____
from to Company Position held Salary

Company address City State Zip code

_____(_____)_____
Immediate supervisor Business Phone May we contact? Yes No

Pertinent duties: _____

Reason for leaving: _____

Education:

High School or GED (city & State) Year Graduated ▲ Can you provide copy of diploma or GED if necessary?
YES / NO (◀ circle one)

College, or University (city & state) Major Year Degree ▲ Can you provide copy of diploma if necessary?
Received? **YES / NO** (◀ circle one)

School, College, or University (city & state) Major Year Degree ▲ Can you provide copy of diploma if necessary?
Received? **YES / NO** (◀ circle one)

I certify that the information provided on this application is accurate. I understand that the withholding of information or the giving of false information on this application will result in a refusal to hire or in disciplinary action up to and including termination. Furthermore, I grant permission to Environmental Staffing Resources, (ESR) to pursue and acquire any and all information regarding my past employment, background, credit history, education, driving record, and/or criminal history and I grant permission for any firm, corporation, educational institution, bureau, and/or government institution to release this type of information to Environmental Staffing Resources, (ESR).

I understand and agree that if the company offers employment to me, it will be on an at-will basis. This means that either the company or I may terminate the employment relationship at any time, for any reason, with or without cause. I also understand and agree that only an officer of the company can enter into an agreement on any terms and he/she can only do so in writing signed by him/her and me. I have read the above before signing this application.

X _____
Applicant's signature on line above

X _____
Date Signed

Please print name on this line:

REFERENCES

Please list **3** previous employer / professional references.
References should not include friends or family members.

~~~~~

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

~~~~~

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO YOU: _____

YEARS KNOWN: _____

~~~~~

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_



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(317) 292-9343 (317) 292-9403 - fax

**Applicant:** This is an authorization form for any reference checks that we, (Environmental Staffing Resources) may conduct. This is your permission for the company and/or person(s) that you list on your reference sheet to be allowed to provide information about your personal and/or job performance.

**Fill in the information on the lines below that are preceded with an 'X' and are in bold print only.**

**X From: (Applicant's Name and address) :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X Applicant's Signature:** \_\_\_\_\_ **X Date:** \_\_\_\_\_

ESR Witness: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Previous Employer(s):

I have applied for a position with Environmental Staffing Resources.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present works, character, education, military and employment qualifications.

The release in any manner of all information by you, (previous employer) is authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

PREVIOUS EMPLOYER: *Please complete the shaded area below, as indicated* ↓

This authorization is valid for 365 days from the date of my signature below. Please keep this copy of my release request for your files.

Thank you for your cooperation.

| <b>PREVIOUS EMPLOYER SECTION</b>                  |                       |
|---------------------------------------------------|-----------------------|
| <b>Previous Employee's Name:</b>                  |                       |
| _____                                             |                       |
| <b>Dates of Employment with your company:</b>     |                       |
| First Day:     /     /                            | Last Day:     /     / |
| _____                                             |                       |
| <b>Type of work performed:</b>                    |                       |
| _____                                             |                       |
| <b>Eligible for Rehire? ( please circle one )</b> |                       |
| YES                                               | NO                    |
| <b>Other Information Available:</b>               |                       |
| _____                                             |                       |

**\*\*Medical information is often protected by state laws and civil codes. Consult your attorney if you wish to seek this information\*\***