

# GEARY, PORTER & DONOVAN

A Professional Corporation

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

### Personal

Applicant name:	_____	Date:	_____
Position(s) applied for or type of work desired:	_____		
Address:	_____		
Telephone #:	_____	Social Security #:	_____
Cell #:	_____	Message Telephone #:	_____

### Employment Information

Type of employment desired:	_____ full-time	_____ part-time	_____ temporary
Salary Desired:	_____		
Date you will be available to start work:	_____		
Are you able to meet the attendance requirements?	_____ Yes	_____ No	
Do you have any objection to working overtime if necessary?	_____ Yes	_____ No	
Can you travel if required by this position?	_____ Yes	_____ No	
Are you able to perform essential job functions without ADA accommodations?	_____ Yes	_____ No	
Are you able to perform essential job functions with ADA accommodations?	_____ Yes	_____ No	
Have you ever been previously employed by our organization?	_____ Yes	_____ No	
Can you submit proof of legal employment authorization and identity?	_____ Yes	_____ No	
If you are under 18, can you furnish a work permit if it is required?	_____ Yes	_____ No	
Have you ever used any other name(s) which is (are) necessary for us to know to enable us to verify your employment or educational record? <i>If yes, please specify:</i>	_____		
Have you ever been convicted of a crime?	_____ Yes	_____ No	
If yes, please explain (a conviction will not automatically bar employment). A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer so that individual circumstances can be considered. Use additional paper if necessary.			
_____			
Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence?	_____ Yes	_____ No	
Are you currently awaiting trial for any criminal offense?	_____ Yes	_____ No	
Have you ever initiated an act of violence in the workplace?	_____ Yes	_____ No	
Drivers license number (if driving is an essential job duty):	_____		
How were you referred to us?	_____		

### Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

### Employment History

Please provide all employment information for your past four employers below, starting with the most recent first:

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

May we contact?  Yes  No

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

May we contact?  Yes  No

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

May we contact?  Yes  No

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

May we contact?  Yes  No

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**References**

List the name and telephone number(s), of at least three (3) persons whom we may contact as references, including the number of years known (do not include relatives or employers):

(1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Association: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Association: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Association: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

*If you use a resume to supplement this application, you must still fill in all requested information.*

I hereby authorize Geary, Porter & Donovan, P.C., as potential employer, to contact, obtain, and verify the accuracy of information contained in this application from all previous employers (except as to present employer, unless otherwise noted), educational institutions, and references. I also hereby release Geary, Porter & Donovan, P.C., and its representatives, from any and all liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

The facts set forth above are true and complete. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of beginning work. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____	DATE: _____
REMARKS: _____	
_____	
PROFESSIONALISM: _____	ABILITY: _____
HIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION: _____
SUPERVISOR: _____	AREA: _____
REFERENCES: _____	DATE REPORTING TO WORK: _____
APPROVED: Supervisor/Shareholder: _____	HR: _____
	Managing Shareholder: _____