

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. All applicants will be considered regardless of race, color, national origin, creed, religion, sex, age (over 40), pregnancy, marital status, physical or mental disability, genetic information, gender identification, sexual orientation, gender identity or status as an honorably discharged veteran, or any other class protected by federal, state, or local law. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should email the compliance department: [compliance@orcainfo-com.com](mailto:compliance@orcainfo-com.com).

## Instructions:

**Please type or print clearly in ink.** Each question should be answered completely and accurately. Applicants are required to fill out a separate application for each position for which they apply. A completed application is required; resumes may be submitted but will not be accepted as a substitute for a completed Employment Application. Please answer each question completely; unsigned or incomplete applications will not be considered. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

## GENERAL INFORMATION:

Name:		
Please list any other name(s) used during employment or education:		
Address:		
City:	State:	Zip:
Home Phone:	Cell:	Email:
SSN:	Date of Birth:	
Driver's License Number:	State:	Exp. Date:
List specific position applying for:		
Where did you learn of this opening?		
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, give date:		
Are any of your relatives presently employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide names of relatives, their positions, and departments:		

Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position?     Yes     No    if yes, please explain: \_\_\_\_\_

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Have you ever been discharged or requested or forced to resign from any position because of misconduct or unsatisfactory service?     Yes     No    if yes, please explain: \_\_\_\_\_

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Date available for work: \_\_\_\_\_

Will accept:     Regular Full Time     Regular Part Time     Shift Work     Temporary     Seasonal

Are you at least 18 years of age?     Yes     No

Can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins?     Yes     No

**EDUCATION AND TRAINING:**

School	Name & Location	Major Course of Study	Degree Received
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate			
Graduate			
Vocational/Technical			

Related Certificates or Licenses:	
Other related seminars or training:	

**LANGUAGE SKILLS:**

Language: <u>English</u>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language: _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

**EMPLOYMENT HISTORY:**

Starting with your current or most recent employer, please list your employment history, including military and voluntary service assignments. If you need more space, please use additional sheets.

Present/Last Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Title/Position:	Date Ended:
Name/Title of Supervisor:	Final Salary: \$
Specific Duties:	Reason for leaving?

Please explain any break in employment history:
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**JOB RELATED QUALIFICATIONS:**

List any additional skills, abilities, volunteer activities, awards, trade, business, civic associations or any offices held or other experiences not included above that you feel are relevant to the job for which you are applying:
Computer skills: <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Highly Proficient
List systems and software used:
List any additional information which may more fully describe your qualifications and capabilities:

**PROFESSIONAL REFERENCES:**

Please list three work-related references that have knowledge of your character and abilities, in addition to the supervisors listed in the Employment History Section. **Do not list relatives.**

<b>1</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
<b>2</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:
<b>3</b>	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email Address:	Years Known:

**ACKNOWLEDGEMENTS**

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize Orca Information to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to Orca Information. I also release Orca Information from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application.

In the event of my employment, I will comply with all rules, regulations, and policies set forth in the company's Personnel Policies or the communications distributed. I also understand that the company has the right to modify its policies without giving me any advance notice of the changes.

Court-Record Search. I understand that in connection with a final offer of employment OR continuation of employment with you, a court record investigation may be requested. The new hire will be required to fill out a Release of Authorization Form and the screening will be done by:

Orca Information | PO Box 277 Anacortes, WA 98221 | (800) 341-0022

**AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT IS "AT-WILL" AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO ONE AT THE COMPANY HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

**Authorization to Past Employer, School, or Other Institution to Release Information**

I have applied for employment. As part of the application process Orca Information conducts a reference check.

I therefore authorize and request that you furnish relevant, job-related information to Orca Information and/or its agents in connection with this application.

I release from liability and I agree not to assert any claims or causes of action against all persons, corporations, and organizations supplying this information to Orca Information and/or its agents. A photocopy of this authorization is as effective as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I am providing the electronic equivalent of my signature and assert that I have read, understood and agree that the information in this employment application is true and correct to the best of my knowledge.

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***For Human Resources use only:***

Interviewed by:	Date: ___/___/_____
Result:	
Notified by:	Date: ___/___/_____