

# Application for Employment – Lundberg & Associates, PC

We are an equal employment employer. No question on this application is used for the purpose of limiting or excluding any applicant 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 accommodations for the application and / or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date you are available to start work: \_\_\_\_\_

Can you provide proof of identity and citizenship?  Yes  No

Have you lived outside of the United States for more than six (6) months in the last five (5) years?  
 Yes  No

If yes, where? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been a notary?  Yes  No

If yes, have you ever had a claim made against you for improper notarial acts? Please explain: \_\_\_\_\_

Do you smoke or vape? **\*Tobacco Screening is conducted\***  Yes  No

Have you filed for Bankruptcy in the last 7 years?  Yes  No

Do you have a valid driver's license?  Yes  No

## **Employment History** Please provide information for your past four employers starting with the most recent.

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

**Address:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

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

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

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

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

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

**Address:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

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

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

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

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

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

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

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

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

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

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

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

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

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

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

### **Other Skills and Qualifications**

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

\_\_\_\_\_  
\_\_\_\_\_

### **References**

List 2 reference names, relation, telephone numbers, and years known (do not include relatives):

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Lundberg & Associates, PC to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I hereby release Lundberg & Associates, PC and its representatives from liability for seeking, gathering and using such information to make employment decisions and all other persons or organization for providing such information.

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 specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Lundberg & Associates, PC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I understand that it is the policy of Lundberg & Associates, PC 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 ADA.

I understand that pre-employment drug, tobacco, criminal background and credit screening are a condition of employment and all employees are required to participate in random drug testing while employed. I understand that my term of employment does not start until I have successfully completed the pre-employment drug, tobacco, criminal background and credit screening. I further understand that either refusal to submit to such screening or test results indicating drug or tobacco usage disqualifies me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time could result in immediate termination.

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

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