



NuLink Application for Employment

NuLink considers applicants for all positions without regard to race, color, religion, creed, sex, ancestry or national origin, age, physical or mental handicaps, marital or veteran status, sexual orientation, or any other status protected by law.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone () _____ Other Phone () _____

Position Applied For: _____ Date of Application _____

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Internet _____
- Employee _____
- Other _____

If you are under 18 and it is required, can you furnish a work permit? _____

Do you have any relatives employed here? _____
If so, please list: _____

Have you submitted an application here before?

- Yes
- No

If yes, give date (s) and position (s) _____

Have you been employed by NuLink before?

- Yes
- No

If yes, give dates: From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country?

- Yes
- No

Date available for work ___/___/___

- Full-time
- Seasonal
- Part-time
- Internship
- Temporary

If they have been explained to you, are you able to meet the attendance requirements of the position?

- Yes
- No
- Not Applicable

Will you work overtime if required? Yes No

If no, please explain _____

Driver's License Number _____

State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled guilty, no contest to, or been convicted of a crime? Yes No

If yes, please provide date (s) and details _____

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Employment History

Please list your employment history, beginning with your most recent employer.

Employer		Telephone	
Street Address	City	State	Zip
Job Title		Immediate supervisor and title	
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Job Description	Dates Employed from ___/___/___ to ___/___/___		
	Compensation: \$ _____		
What did you like about this position?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
	Bonus/Commission: \$ _____		
Employer		Telephone	
Street Address	City	State	Zip
Job Title		Immediate supervisor and title	
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Job Description	Dates Employed from ___/___/___ to ___/___/___		
	Compensation: \$ _____		
What did you like about this position?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
	Bonus/Commission: \$ _____		
Employer		Telephone	
Street Address	City	State	Zip
Job Title		Immediate supervisor and title	
Reason for Leaving		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Job Description	Dates Employed from ___/___/___ to ___/___/___		
	Compensation: \$ _____		
What did you like about this position?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
	Bonus/Commission: \$ _____		

For more employers/ experience, please attach additional sheets.

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Please list skills below. Include software titles and years of experience.)

Educational Background

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
HIGH SCHOOL				
COLLEGE				
VOCATIONAL				
OTHER				

References

Name	Title	Relationship To You	Telephone Number	Number of Years Known

List any other job-related certifications that you hold. _____

List any other job-related information that you would like to include. _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work for NuLink is true, complete, and correct.

I expressly authorize, without reservation, NuLink, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding NuLink, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that NuLink does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from NuLink and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice. I understand and agree that NuLink reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of NuLink is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by NuLink's General Manager.

I also understand that if I am hired, I will be required to provide proof of legal identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from NuLink, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____

APPLICANT IDENTIFICATION RECORD

TO THE APPLICANT: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. The employers in California, Georgia and Washington are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store the records in a different location away from your application. The information is for data purposes only and **VOLUNTARY ON YOUR PART.**

Name: _____ Sex: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE

_____ Caucasian

_____ Black (Includes people with origins in any of the Black Groups of Africa).

_____ Asian/Pacific Islander* (Includes people with origins in any of the areas of the Far East, Southeast Asia, Indian Subcontinent or Pacific Islands).

_____ American Indian/Alaskan Native

_____ Hispanic (Includes people of Mexican, Puerto Rican, Cuban, South American or other Spanish culture or origin).

*Includes the following countries:

Bangladesh	Indonesian Islands	Pakistan
Bhutan	Japan	Philippines
Burma	Korea	Samoa
Cambodia	Laos	Sikkim
China	Malaysia	Sri Lanka
Hawaii	Nepal	Thailand
India	Pacific Islands	Vietnam

In accordance with CFR (Code of Federal Regulations) 60-741 and CFR 60-250 an applicant for employment may identify himself or herself if he or she has a physical/mental disability, or the applicant is a disabled veteran or a veteran of the Vietnam era. **THIS INFORMATION IS VOLUNTARY.** It will be kept confidential and will be used in accordance with the above Acts and the prescribed regulations.

Military Service

(a) Are you a veteran of military service? ___ Yes ___ No Dates of Service: From: ___/___/___ To: ___/___/___
Mo Yr Mo Yr

(b) Are you a veteran of the Vietnam Era? ___ Yes ___ No

(c) Are you a disabled veteran? ___ Yes ___ No

NULINK GENERAL RELEASE FORM

I hereby authorize NuLink or any qualified agent of NuLink, or designee, bearing this document or a copy thereof, to obtain information from all present or former employers, school, police department, financial institution, motor vehicle department, credit reporting agency, industrial commission or any other government agency or persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application of employment.

I hereby release those individuals or companies from any liability or damage in providing such information. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby further release any individual of NuLink from any and all liability for damages of whatever kind or nature which may accrue to me on account of reliance by such persons on information submitted on my employment application, reliance by such person on the information obtained, and termination of my employment based on information obtained after commencement of my employment.

DATED: _____

PRINT FULL NAME (First, Middle, Last)

MONTH OF BIRTH: _____ DAY OF BIRTH: _____ YEAR OF BIRTH _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

STATE WHERE DRIVER'S LICENSE ISSUED: _____

LIST OTHER NAMES USED IN THE LAST SEVEN YEARS:

LIST ANY PREVIOUS ADDRESSES WITHIN THE LAST SEVEN YEARS:

Signature of Applicant