



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

The Company applying to: ☐ GHX Industrial ☐ McCarthy Equipment ☐ Stuart Hose & Pipe ☐ Amazon Hose & Rubber

PERSONAL INFORMATION

Name:			
Address:	City:	State:	Zip:
Email Address:		Home Phone:	
Date available to start:		Cell Phone:	

POSITION

Position Applying For:	
Are you legally eligible to work in the United States? <i>If hired, you will be required to provide proof of identity and eligibility to legally work in the U.S.</i>	☐ YES ☐ NO
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job?	☐ YES ☐ NO
Can you perform these essential functions of the job with or without reasonable accommodation?	☐ YES ☐ NO
Have you ever been convicted of a felony? <i>(Convictions will not necessarily disqualify an applicant for employment.)</i> If yes, please explain:	☐ YES ☐ NO
Were you referred by an employee of our organization? If so, please provide their name:	☐ YES ☐ NO

EDUCATION

	NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			☐ YES ☐ NO	
COLLEGE/ UNIVERSITY			☐ YES ☐ NO	
OTHER			☐ YES ☐ NO	

List any other skills that you may possess including computer software skills that qualify you for the job for which you are applying:

WORK HISTORY

 Start with your present or most recent employment and work back.

Job Title #1:	Start Date (mm/yy):	End Date (mm/yy):
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Company Name:	Supervisor's Name:	Phone #:
City:	State:	Zip:
Duties:		
Reason for leaving:		
Job Title #2:	Start Date (mm/yy):	End Date (mm/yy):
Company Name:	Supervisor's Name:	Phone #:
City:	State:	Zip:
Duties:		
Reason for leaving:		
Job Title #3:	Start Date (mm/yy):	End Date (mm/yy):
Company Name:	Supervisor's Name:	Phone #:
City:	State:	Zip:
Duties:		
Reason for leaving:		
Job Title #4:	Start Date (mm/yy):	End Date (mm/yy):
Company Name:	Supervisor's Name:	Phone #:
City:	State:	Zip:
Duties:		
Reason for leaving:		

REFERENCES Please list 3 professional references not related to you, with full name, address, phone number, and relationship.

Name	Email Address	Phone	Relationship

APPLICANT AGREEMENT & AUTHORIZATION

"I certify that I completed this application and that all facts and information provided by me are true and complete to the best of my knowledge. I understand that any misstatement, omission, falsification, or factual misrepresentation in this application shall disqualify me from consideration for employment by the Company or, if hired, result in disciplinary action up to and including termination of employment.

I authorize the Company to evaluate me for employment purposes and to verify any and all information furnished by me, or other information that may be disclosed about me, during the evaluative process. In addition, I authorize the Company to contact all law enforcement agencies; any or all of my previous employers, references, and educational institutions; and otherwise to fully investigate my suitability for employment, character, general reputation, personal characteristics, mode of living, work habits, skills, or abilities, including contacting a credit bureau, credit agency, or other consumer reporting agencies of its choice. I understand that the results of any such investigation may be disclosed to the Company's management personnel and other personnel involved in the employment decision, and I consent to such disclosure. I also consent to the disclosure of such information as may be required by law. In connection with and in consideration of the Company's undertaking to review my application for employment, to conduct the investigation, and to consider me for hire, I release, waive, indemnify, and hold harmless the Company, and its affiliates, representatives, consultants, officers, directors, managers, supervisors, employees, and agents from and against any and all liabilities, losses, demands, claims, or suits for any injury or damage, of any kind, character, or nature. **INCLUDING THOSE FOR ANY INJURY OR DAMAGE RESULTING FROM NEGLIGENCE WHETHER SOLE CONCURRENT OR GROSS** that is or is alleged to be caused by or contributed to by the Company, and that I may suffer or sustain as a result of the creation, acquisition, dissemination, or use of any such information.

I acknowledge and agree that this employment application is not a contract or a legal guarantee of employment. If hired by the Company, I understand that my employment will be at will and not for any specific term, and that either I or the Company may terminate my employment at any time, with or without reason or advance notice. I further understand that no officer, director, supervisor, employee, or representative of the Company, other than the President, has the authority to enter into any agreement for a specified period of employment, or to make any statement contrary to the provisions outlined above.

If hired, I agree to comply with all rules, regulations, and operating procedures established by the Company, including but not limited to all rules of conduct. I further agree that I will not disclose, directly or indirectly, during the term of my employment or thereafter, any proprietary or confidential information of the Company's trade secrets, to any person, firm, or corporation or use such information other than in the course of my employment with the Company. I further agree that I will honor any presently effective secrecy agreement with former employers. The Company assures that I am not and will never be required as a condition of employment to disclose any confidential information, technical know-how or trade secrets of a proprietary nature of any former employer and I agree not to disclose any such information, know-how or trade secrets to the Company.

I have read in full and understand the above statements and conditions of employment."

Print Name: _____ **Date:** _____

Signature: _____

BACKGROUND INVESTIGATION DISCLOSURE AND AUTHORIZATION FORM

In connection with your application for employment and, if hired, your continued employment the Company has contracted with a consumer reporting agency to obtain consumer reports or investigative consumer reports that contain information about your employment history, educational background, criminal history (if any), character, general reputation, personal characteristics, mode of living, work habits, skills, abilities, and/or interactions with other employees. The Company may use the reports to make decisions concerning your application for employment and, if hired, your suitability for promotion, transfer, reassignment or retention as an employee; the Company will provide you with a copy of the report, along with information necessary to contact the consumer reporting agency and a summary of your rights under the Fair Credit Reporting Act (FCRA).

Should the Company procure any investigative consumer report, you are entitled under federal law to request in writing a disclosure of the nature and scope of the investigation requested, along with a written summary of your rights under the FCRA.

Should the Company procure any investigative consumer report, you are entitled under federal law to request in writing a reports, criminal records checks, court records checks, and/or summaries of educational and employment records and histories, either in connection with your job application, or in connection with any future decisions concerning your employment, promotion, reassignment or retention as an employee of the Company. You further grant the Company the authority to verify all information you have provided to the Company. You also authorize all entities having information about you, including present and past employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies to release such information to the Company or any firm retained by the Company to conduct employee investigations.

To ensure that the consumer reporting agency obtains information pertaining to you and not to another person with the same or similar name, please provide the information requested below. The information that you provide is NOT part of the employment application, and will be used only to verify the information furnished by you during the hiring process. Please complete all of the requested information.

This authorization shall remain valid and in effect during the term of your employment. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis. A photocopy of this Authorization form shall be considered as effective and valid as the original.

Legal Last Name:		First:	Middle:
Address:	City:	State:	Zip:
Social Security #:		Birth Date:	
Drivers License #:		State:	
List any other names you have used:			
List any other social security #s you have used:			
State and counties of residence for the past 7 years:			

Applicant Signature

Date