



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____ - _____ - _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR NELBUD?			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No WHERE? WHEN?		

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

CONTINUE ON NEXT PAGE

DRIVER'S LICENSE INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, WHAT STATE? _____

DRIVER'S LICENSE # _____

PREVIOUS EMPLOYMENT

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	SUPERVISOR MANAGER PHONE #
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN/ PHONE #
1			
2			
3			

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS _____	CHARACTER _____
PERSONALITY _____	ABILITY _____
HIRED _____ FOR DEPT. _____	POSITION _____
WILL REPORT _____	SALARY WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____
 MANAGER DEPT. HEAD GENERAL MANAGER

"WORKING TODAY..."



...TOWARD A SAFER TOMORROW"

**AUTHORIZATION FOR RELEASE OF
MOTOR VEHICLE/CRIMINAL BACKGROUND REPORTS**

I _____ THE UNDERSIGNED EMPLOYEE, HEREBY ACKNOWLEDGE THAT Motor Vehicle, and/or Criminal Background Reports may be obtained as part of the evaluation by Nelbud of my job application and/or continuing employment with Nelbud. These reports may be reproduced by an agent of Nelbud's choice and its subsidiaries, and may include my driving record as well as an assessment of my insurability under Nelbud's insurance coverage. By signing this authorization, I hereby authorize Nelbud Services Group, Inc., and its agent, to periodically procure such reports about me, as Nelbud Services Group, Inc deems appropriate to evaluate my insurability and/or for any other permissible employment purposes.

I hereby acknowledge that I have read the above authorization and I understand its contents. I hereby release any person or agency providing such information from any and all claims and damages in connection with the release of the requested information.

(Print Full Name)

If name has changed through marriage or otherwise, print former name

(Former Name)

(Signature)

(Street Address)

(City, State) (Zip)

DOB: _____

SSN: _____

Driver's License Number _____ State _____

DRUG AND ALCOHOL TEST CONSENT

I understand that as a condition of employment, I must voluntarily consent to and satisfactorily complete urine-screening tests to determine the presence of certain substances and/or blood alcohol test to determine the presence of alcohol.

I further understand that I must voluntarily consent to unannounced searches and inspections of myself, my clothing and any lockers, desks, clothing, vehicle assigned to me, or company paid lodging for the purpose of enforcing this policy.

As a candidate for employment, I understand that the presence of one or more such drugs/alcohol may be cause for disciplinary action, up to and including termination of my employment.

I certify that I have read and I understand this form. I agree to the release of information obtained through medical inquiries or substance screen tests by the medical examiner(s) to Nelbud and all related entities or its representatives on a “need to know” basis.

I also hereby authorize the Company to conduct through its designated examiner(s), a substance screen test(s) and I release the clinic/physician and related entities, their directors, employees and agents from all legal responsibility arising out of the information obtained through the medical inquiries or screening test.

Applicant/Employee

Date