

APPLICATION FOR EMPLOYMENT

It is the policy of **POCID** to provide equal employment opportunities to all persons and not to discriminate in its hiring or employment practices on the basis of race, color, religion, sex, national origin, age, physical or mental disability, veteran or military service status, genetic information, or any other status protected by federal, state, or local law.

Last Name	First Name	Middle Initial	Date
Street Address			Home Phone (include area code)
City, State, ZIP Code			Business Phone (include area code)
Position Applying For			Social Security Number

GENERAL INFORMATION

Are you related to anyone at **POCID**? _____

If yes, please provide the name and department of your relative. _____

If hired, can you present proof of your identity and legal authorization to work in the United States? _____

Are you 18 years of age or older? _____

Have you previously submitted an employment application to **POCID**? _____

When? _____

For what position? _____

Are you available to work: _____

Part time _____

Full
time _____

If job requires, can you travel? _____ If job requires, do you have a valid driver's license? _____

EMPLOYMENT DESIRED

Position
desired _____

Date you can
start _____

Salary
desired _____

Can you perform the essential functions of the position that you seek with or without reasonable accommodations? _____

MILITARY

Have you ever been a member of the Armed Services of the United States? _____
Branch of service _____ Period of active duty _____
Describe your duties and any special training. _____

CRIMINAL RECORDS/SEALED RECORDS

Have you pleaded "guilty" or "no contest" to or been convicted of a misdemeanor (other than a minor traffic violation) or felony? _____

If "yes," please state the nature of the crime(s),
when and where convicted, the disposition of the
case, and any other relevant information you wish
us to consider. _____

**FOR [MOST] [ALL] POSITIONS AT THE COMPANY, A CONVICTION OF AN OFFENSE WILL NOT
AUTOMATICALLY DISQUALIFY AN APPLICANT FOR EMPLOYMENT. [CONVICTIONS FOR
OFFENSES INVOLVING _____ WILL PRECLUDE EMPLOYMENT IN THE FOLLOWING
POSITIONS: _____] TO THE EXTENT POSSIBLE, THE
COMPANY WILL UNDERTAKE AN INDIVIDUALIZED ASSESSMENT OF THE NATURE, DATE,
CIRCUMSTANCES, AND RELEVANCE OF THE OFFENSE TO THE POSITION APPLIED FOR.**

EDUCATION

	Name and Location	Program Studied/Areas of Concentration	Number of Years Completed	Degree or Diploma
High School				
College/ University				
Graduate School				
Vocational/ Technical				
Other				

SKILLS (Fill in the check boxes to mark all that apply)

Years

<input type="checkbox"/> Typing	WPM: _____
<input type="checkbox"/> Accounting software	_____
<input type="checkbox"/> Microsoft Word/other	_____
<input type="checkbox"/> Microsoft Excel/other	_____
<input type="checkbox"/> Microsoft Access/other	_____
<input type="checkbox"/> Microsoft PowerPoint/other	_____
<input type="checkbox"/> HTML/other	_____

☐ Other, please explain: _____

☐ Other, please explain: _____

Years

<input type="checkbox"/> Biology
<input type="checkbox"/> Chemistry
<input type="checkbox"/> Finance
<input type="checkbox"/> Marketing
<input type="checkbox"/> Sales
<input type="checkbox"/> Human resources
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Shipping/receiving
<input type="checkbox"/> Legal
<input type="checkbox"/> Intellectual property
<input type="checkbox"/> Venture capital
<input type="checkbox"/> Startups
<input type="checkbox"/> Other

Summarize skills and qualifications that will be of special benefit in the job for which you are applying.
EMPLOYMENT

Please give accurate, complete full-time and part-time employment information for your last four employers. You may include volunteer positions if you wish. Start with present or most recent employer.

1	Company Name	Phone (including area code)
	Address	Employed (Month/Year) From _____ To _____
	Name of Supervisor	Weekly or Annual Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Phone (including area code)
	Address	Employed (Month/Year) From _____ To _____
	Name of Supervisor	Weekly or Annual Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3 Company Name	Phone (including area code)
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly or Annual Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

4 Company Name	Phone (including area code)
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly or Annual Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate otherwise.
DO NOT CONTACT EMPLOYER # (s)
Reason

Please indicate any other name that you have used that would be needed to confirm your employment history.

REFERENCES

List any other references whom we may contact (employment and school references preferred).

Name	Years Acquainted	How Acquainted	Address/Telephone Number

It is unlawful in certain states, including [state], to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

APPLICATION RETENTION POLICY

This application is only for a specific position. Please contact the Human Resources office to obtain an application for another position opening.

Agreement

I certify that the information given by me herein is true, accurate, and complete to the best of my knowledge.

I understand that, as part of **POCID** employment procedure, a routine inquiry may be made that will provide applicable information concerning my employment history, performance, and character.

I hereby authorize **POCID** and/or its agents to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment for the purpose of confirming the information contained on my application and/or obtaining other information that may be material to my qualifications for employment.

I release from all liability all persons, companies, and corporations supplying such information, and I also release **POCID** and any of its representatives from any liability as a result of any inquiries made by **POCID** while conducting this investigation. I understand any false answers or statements or implications made by me in the application, in any interview, or in other documents shall be considered sufficient cause for denial of employment or termination of employment if I should be employed by **POCID**. I further understand that my employment with **POCID** is subject to the satisfactory completion of this investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in the conduct of such investigation is intended to create an employment contract between **POCID** and myself either for employment or for the providing of any benefit. No promises or representations regarding employment have been made to me, and I understand no such promise, representation, or guarantee, whenever made, whether written or oral, is binding upon **POCID** unless made in writing by the Human Resources Manager of **POCID**. If an employment relationship is established, I understand that employment with **POCID** is "at will" and if hired, I acknowledge that I have the right to terminate employment, with or without advance notice, for any reason at all, at any time and that **POCID** retains the same right.

If employed, I agree to sign **POCID** Employee Handbook, which outlines the **POCID's** policies and procedures for its employees. In addition, if employed, I agree to sign **POCID** Employee Technology and Non-Disclosure Agreement, in which I agree to protect and not divulge any confidential information I have gained through employment with **POCID** (This agreement also sets forth the conditions under which **POCID** is assigned the entire right, title, and interest of certain inventions or ideas, including computer programs, developed while in **POCID's** employ).

If offered employment with **POCID**, I understand that my employment is contingent upon the presentation of documents establishing my identity and eligibility to work in the United States.

I also understand that, if employed, I will be required to abide by all rules and regulations of **POCID** and to complete satisfactorily a "new employee" period of employment during which I will not be eligible for certain benefits.

Signature of Application

Date

Interviewed By

Date