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# A close up of a sign Description automatically generated Covenant Services Inc. Employment Application

## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | City | State | ZIP Code | How long |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Applied for: |  | | | |
| Have you ever been convicted of a felony? | | YES | NO |  |

|  |
| --- |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. |
|  |
|  |
| Working Monday-Sunday and overnight stay are mandatory for emergency cases. Full-Time: Monday-Sunday. |

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| --- | --- | --- | --- | --- | --- |
| Employment desired | Full-Time | Part- Time | Can you work over-night? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Available Immediately? | YES | NO | If no, then when? |  |

## Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF SCHOOL** | **NAME OF SCHOOL** | **LOCATION** | **YEARS COMPLETED** | **MAJOR & DEGREE** |
| HIGH SCHOOL |  |  |  |  |
|  |  |  |  |  |
| COLLEGE |  |  |  |  |
|  |  |  |  |  |
| BUS. OR TRADE SCHOOL |  |  |  |  |
|  |  |  |  |  |
| PROFESSIONAL SCHOOL |  |  |  |  |
|  |  |  |  |  |

## References

Please list three professional references (not relatives).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Please list your work experience for the past five years beginning with you most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |
| --- |
| **Please Read Carefully** |

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Covenant Services Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Covenant Services Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Director/General Manager of the Company. Both the undersigned and Covenant Services Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me the, the Company, will provide me with additional information concerning the nature and scope of any sech report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

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Signature of Applicant Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

|  |
| --- |
| POST EMPLOYEMENT INFORMATION FORM |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  |   Single  Separated  Divorced  Widowed  Married  If married, how long?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Full Name of Spouse: |  | Occupation: | |  | | | Name of Company: |  | | Telephone: | | ( ) - | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | PERSON TO BE NOTIFIED IN CASE OF EMERGENCY |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: |  | | Telephone: | ( ) - | | | Address: | |  | Relationship: |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | TO BE COMPLETED BY EMPLOYER |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date Of Employment |  | Job Title |  | Dept. |  |  |  |  |  |  | | --- | --- | --- | --- | | Location |  | Rate of Pay |  |   Full Time  Part Time  Salaried   |  |  | | --- | --- | | Applicant’s signature acknowledging above information |  |  |  |  | | --- | --- | | Drug test confirmation number |  |  |  |  |  | | --- | --- | --- | | Name of person verifying information |  | | |  |  | | | Name of person authorizing employment | |  | |

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| --- | --- | --- | --- |
| REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS | | | |
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|  | | | |
| INTERVIEWER’S SIGNATURE |  | DATE |  |