

CONFIDENTIAL INFORMATION



APPLICATION FOR EMPLOYMENT

First Aid Only, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state, or federal law.

Applications for positions that are currently open will be considered and kept on file for one year. Unsolicited applications, those for jobs not open at the time of your application, may not be kept on file. This application must be completely filled out with names, addresses, phone numbers, etc. Incomplete applications will not be considered. Applicants who require accommodation to complete this form must notify Human Resources to request support.

DIRECTIONS: Answer all questions fully. Please print clearly using a black or blue ink pen.

Form containing fields for NAME, ADDRESS, TELEPHONE, SOCIAL SECURITY NO., POSITION APPLIED FOR, and Employment Desired options.

PERSONAL INFORMATION section with questions about previous employment and relationships.

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PERSONAL INFORMATION

-Continued-

How did you become aware of a job opportunity at First Aid Only, Inc? _____

If hired, would you have reliable transportation to and from work? _____ Yes _____ No

Are you over the age of 18? _____ Yes _____ No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? _____ Yes _____ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____ Yes _____ No

If no, please describe the functions that cannot be performed and the accommodations you request: _____

(Note: First Aid Only, Inc complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATIONAL INFORMATION

Please complete. Be prepared to provide copies of certifications, designations, and/or degrees upon request.

	School Name	Location	Years or Credits Completed	Major/Degree
High School				
College				
Trade or Vocational School				
Graduate Program				
Military Training				

Please list any current certifications, licenses, designations and other unique qualifications you have for this position:

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MILITARY EXPERIENCE

Have you ever served in the military? Yes No If 'Yes', specify branch: _____

Are you subject to deployment, training, or other military duties? Yes No

If yes, please specify frequency, duties, military branch, etc.: _____

Rank: _____ Date Entered: _____ Discharge Date: _____

OFFICE SKILLS

Do you know how to type? Yes No If yes, what is your typing speed? _____ WPM

Can you use 10-key? Yes No If yes, what are your key strokes/minute? _____

Do you know how to use a computer? Yes No If yes: PC Mac

Do you know how to use Microsoft Office programs? Yes No

Please check the appropriate box which best represents your proficiency level for the following Microsoft Office Programs:

<i>Microsoft Office Program</i>	No Experience	Beginning	Intermediate	Advanced
Word				
Excel				
PowerPoint				
Outlook				

EMERGENCY CONTACT

Please list someone close to you we may contact in the event of an emergency.

Name	Phone Number	Relationship

REFERENCES

Please list 3 professional references that have worked with you for at least one year. Please include their current, valid phone number.

List at least 2 of your references who have supervised you or overseen your work.

Name	Phone Number	Relationship

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PREVIOUS WORK EXPERIENCE

Please list your work experience within the last ten years beginning with your most recent employment.
Thoroughly explain all gaps in employment.

Employer: _____ **Phone Number:** _____

Address: _____
Street City State Zip

Last Position Held	Employment Dates	Pay or Salary	Supervisor/Title	Reason for Leaving
	From:	Start:		
	To:	Final:		

Please list your job responsibilities, equipment operated, as well as advancements or promotions while you worked for this employer:

May we contact your current employer? Yes No

Employer: _____ **Phone Number:** _____

Address: _____
Street City State Zip

Last Position Held	Employment Dates	Pay or Salary	Supervisor/Title	Reason for Leaving
	From:	Start:		
	To:	Final:		

Please list your job responsibilities, equipment operated, as well as advancements or promotions while you worked for this employer:

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CRIMINAL RECORD

Have you ever been convicted of a misdemeanor or felony? ____ Yes ____ No

If yes, please list any criminal convictions (other than traffic infractions) sustained in the last 10 years. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability of the position sought will be evaluated based upon the totality of the circumstances as: the nature of the crime, the recency of the conviction, and the type of work involved.

Initials: _____

APPLICATION VERIFICATION

In submitting this application for employment, I authorize investigation of all statements contained in it, and of my record of work performance. I understand that any misrepresentation by me in this application, or in the course of the selection process, may result in being ineligible for direct or indirect employment consideration, and/or immediate separation from First Aid Only, Inc. if I have been employed.

In consideration of any employment I agree to conform to company rules and expectations. My employment and compensation can be terminated, without cause and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company has the authority to enter into any agreement, either verbally, written or implied, for any specified time or to make any agreement contrary to company written policies without the written consent of the CEO and Director of Human Resources.

I certify that I have reviewed this application in its entirety and that the information I have provided is true and correct.

Signature: _____

Date: _____

Print Name: _____

RELEASE AND DISCLOSURE AUTHORIZATION

To: First Aid Only, Inc.

I authorize any person, school, current employer, past employer(s), and organizations named in my application for employment (and accompanying resume if any), to provide First Aid Only, Inc. with any relevant information, documents, and opinions that may be useful to First Aid Only, Inc. in making a hiring decision. **FIRST AID ONLY, INC. IS AUTHORIZED TO INQUIRE, AND THE RECIPIENT OF THIS AUTHORIZATION MAY DISCLOSE INFORMATION REQUESTED.** I release such persons and organizations from any and all legal liability in making such statements or for providing any and all information requested by First Aid Only, Inc. I agree to bring no claim or action of any kind against First Aid Only, Inc. or any person to whom a copy of this authorization is delivered, for cooperating with First Aid Only, Inc. by answering its inquiries or providing documentation.

A copy of this release has the same effect as any original. This release authorization shall be effective for 120 days from the date below.

Signature: _____

Date: _____

Print Name: _____

VOLUNTARY DISCLOSURE FORM

First Aid Only is committed to non-discrimination and equal opportunity for all persons without regard to sex, race, creed, color, religion, national origin, ancestry, age, marital status, pregnancy, gender identity, sexual orientation, veterans' status, for otherwise qualified individuals with a disability or for other protected categories by law.

As part of our affirmative action obligations, we are required to request data concerning the ethnicity, race and gender from our applicants. To comply with these requirements, we invite applicants to VOLUNTARILY self-identify their race, ethnicity and gender. Your disclosure of the information requested on this form is voluntary and has no impact on your application, employment or promotional opportunities at First Aid Only. Likewise, failure to provide, or delay in providing, the requested information has no impact on your application, employment or promotional opportunities.

INSTRUCTIONS: Please complete the VOLUNTARY DISCLOSURE FORM on the back of this page. Read the questions and definitions carefully. For each question, check the box () next to the response that best identifies yourself. If you choose not to self-identify, check the box () next to the "Opt Out" option at the bottom of the page. Return the completed, confidential form directly to Human Resources.

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Today's Date: _____

Name (Print): _____
(Last, First, Middle Initial)

INSTRUCTIONS: Please read the following questions and definitions carefully. For each question 1 - 5, place a "X" next to the response that best identifies yourself. If you choose not to self-identify, mark the "Opt Out" box at the bottom of this form.

Ethnicity (Check one):

1. Are you **Hispanic or Latino**? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origins, regardless of race.

- Yes
 No

2. **Race (If you answered 'Yes' to Question 1 skip Question 2 and go directly to Question 3. If you answered 'No' to Question 1, check which of the following most closely matches your race.):**

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability (Check one):

3. Do you have a physical disability?

- YES
 NO

Sex (Check one):

4. Are you (check one):

- Male
 Female

"Opt Out": I choose to not self-identify myself.

Thank you for your participation.