

Application for Employment



ADVOCAP, Inc. is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of ADVOCAP, Inc. to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, gender, age, disability, marital status, amnesty, use of lawful products, arrest or conviction record, pregnancy, military service membership or status as covered veterans or any other legally protected status. As an equal opportunity employer, ADVOCAP intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Please read carefully. Provide all information that is requested. Your completed application will be considered active for one (1) year from the date of the application.

Personal:

Name: _____ Date: ____/____/____
Last First Middle Initial

Address: _____
Number & Street City State Zip

Phone Number: () _____ Email Address: _____@_____

Position Applying For: _____ Desired Rate of Pay: \$ _____

Where did you hear of our job opening? _____

Employment Desired: ___ Full time ___ Part time ___ Full or Part time ___ On-Call

Date Available for Work: ____/____/____

Are you legally eligible for employment in the United States: ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility)

Do you know if you are related to any current staff members of ADVOCAP? ___ Yes ___ No

If yes, who: _____

Do you know if you are related to any current Board of Directors of ADVOCAP? ___ Yes ___ No

If yes, who: _____

Education:

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Diploma: ___ Yes ___ No GED/HSED ___ Yes ___ No

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 4+

School(s): _____ City/State: _____

Major: _____ Degree Earned: _____

School(s): _____ City/State: _____

Major: _____ Degree Earned: _____

Are you planning to pursue other studies? ___ Yes ___ No ___ Day ___ Night

If so, where and what course of study? _____

Other Certifications/Professional Membership(s): _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Employment:

Please list your work experience for the **past 10 years**. (Please attach additional sheets if necessary.) List most recent or current employer first, including Military Service.

Name of Employer: Address: City, State, Zip:	Name of Supervisor:	Employment Dates: From: To:	Last Job Title:
Phone Number: ()			
Reason for Leaving:			
List job(s) held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:			

May we contact your present employer? Yes No

Name of Employer: Address: City, State, Zip:	Name of Supervisor:	Employment Dates: From: To:	Last Job Title:
Phone Number: ()			
Reason for Leaving:			
List job(s) held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:			

Name of Employer: Address: City, State, Zip:	Name of Supervisor:	Employment Dates: From: To:	Last Job Title:
Phone Number: ()			
Reason for Leaving:			
List job(s) held, duties performed, skills used or learned, advancements or promotions while you worked for this employer:			

Military:

Have you ever been in the Armed Forces? ___ Yes ___ No

Are you now a member of the National Guard or Reserves? ___ Yes ___ No

Specialty: _____

Date Entered: ____/____/____

Date Discharged: ____/____/____

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

Do you have any pending misdemeanors or felonies? ___ 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. If needed, attach a separate paper.

ADVOCAP, Inc. will not deny employment to any applicant solely because the person has been convicted of a crime. The company, however, may consider the nature, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for. Conviction of a crime will not automatically result in a denial of employment.

Applicant’s Acknowledgement and Agreement

(Please read the following statements carefully before signing)

I hereby certify that the facts listed in the above employment application are true and complete to the best of my knowledge and I authorize ADVOCAP, Inc. to verify their accuracy and to obtain reference information on my work or school performance. I hereby release ADVOCAP, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. **(Initial here)**

I understand that, if employed, falsified statements of any kind of omissions of facts called for on this application shall be considered sufficient basis for dismissal. **(Initial here)** _____

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of ADVOCAP, Inc. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that ADVOCAP, Inc. is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test and/or a physical examination, as a part of the hiring process. I authorize the release of the results of any such examination and/or tests to ADVOCAP, Inc. I release ADVOCAP, Inc. from any and all liability with respect to such examinations and/or tests, and hold ADVOCAP, Inc. harmless for any decisions made in this respect. I understand that I will be required to provide my Social Security number when I appear for testing. Also, if employed, I realize that the Company conducts reasonable suspicion, periodic and/or random and/or alcohol testing of its employees, I understand that any employment offered is for an indefinite duration and at-will and that either I or ADVOCAP, Inc. may terminate my employment at any time with or without notice or cause. **(Initial here)** _____

Signature of Applicant

Printed Name of Applicant

Date: ____/____/____