



# **Nelsen Corporation**

**APPLICATION FOR  
EMPLOYMENT**

# Nelsen Corporation

## APPLICATION FOR EMPLOYMENT

Nelsen Corporation is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion or religious creed, non-job related disability or the use of a guide or support animal due to deafness, blindness or physical disability, national origin, ancestry, gender or veteran status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information	
Name (Last, First, Middle)	Date of Application
Have you ever worked under another name? If so, enter below:	
Present Address (Street, City, State, Zip)	Telephone Number with Area Code
Permanent Address (If same as above, enter "same")	Telephone Number with Area Code
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Date Available
Position Applying for	
Salary Requirements	

General Information		
<b>Please check yes or no:</b>	Yes	No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed? .....	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it? .....	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are you willing to relocate? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are any relatives employed with us? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
<p>Note: A conviction record is not an automatic bar to employment. A conviction will be considered only in relation to specific job requirements. An applicant shall be notified if an adverse decision was based on conviction data.</p>		

Training and Skills
U.S. Military skills, experience or training related to the position applied for:
_____
Special training, skills (such as special machinery, typing, word processing, language skills, etc.), or experiences related to the position applied for which you feel may especially qualify you for work with our company:
_____

**EDUCATION AND HISTORY\***

Name	Location and Telephone	Course	Graduate	Degree
Elementary			Yes or No	
High School/GED				
College				
Post Graduate				

\* To be completed only if the position applied for requires a particular education level.

**WORK EXPERIENCE (Most Recent)**

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

**NEXT PREVIOUS EMPLOYER**

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

**NEXT PREVIOUS EMPLOYER**

Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

# READ CAREFULLY BEFORE SIGNING BELOW

*(Signature and initials required in order to be considered for employment.)*

1. I understand that Nelsen Corporation will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the company would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required. \_\_\_\_\_
2. In compliance with the Immigration Reform and Control Act of 1986, Nelsen Corporation will hire only U.S. citizens and aliens lawfully authorized to work in the United States. Prior to beginning employment, all new employees will be required to complete Form I-9 Employment Eligibility Verification. \_\_\_\_\_
3. I understand that if I am employed by Nelsen Corporation in a position where I will be driving a company vehicle on a regular basis, any offer of employment that I receive will be contingent on the company verifying that I have an acceptable driving record. \_\_\_\_\_
4. I understand that a background check is a condition of employment. I authorize Nelsen Corporation and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release Nelsen Corporation from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give Nelsen Corporation or an agent thereof any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Nelsen Corporation. \_\_\_\_\_
5. If I have asked that my current employer not be contacted, I understand that any offer of employment that I receive will be contingent on the company receiving an acceptable verification of the information on this application regarding my current employment. \_\_\_\_\_
6. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, termination. I understand that all information provided by me on this application or in any interview is subject to verification. \_\_\_\_\_
7. I acknowledge that if I am employed by the company, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. No one other than the president, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed. \_\_\_\_\_
8. I understand that as a condition of employment, I must satisfactorily complete any required Company medical examinations, with appropriate specimen tests to determine the presence or absence of certain controlled substances. I understand that the presence of one or more illegal or other controlled substances will disqualify me for further consideration for employment; and that I understand that the presence of one or more such illegal or controlled substances revealed in any examination subsequent to my employment may result in disciplinary action, including immediate termination. I understand that refusal to submit to these test, or attempts to avoid, or delay testing, or tamper with the test, will result in termination of my employment or the termination of the hiring process. \_\_\_\_\_
9. I have been informed of, the Nelsen Corporation' Substance Abuse Program. I hereby authorize them to conduct through its designated agents, drug or alcohol tests as are now and may later be determined by Nelsen Corporation to be appropriate under the program. I further authorize full release of all such test results to the Company, and will hold the Company and its agents harmless for any claims arising out of the laboratory testing and the information obtained through the medical inquires or controlled substance screen tests. \_\_\_\_\_
10. I certify that I have read or have had read to me, items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 above. I understand the contents and hereby acknowledge receipt of this information. \_\_\_\_\_

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Signature of Applicant

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Date