

Employment Application



Equal Opportunity Employer

Date Received:

Name: _____ Previously Used Names: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State/Zip: _____

County: _____ E-Mail: _____

Social Security Number: _____

General

Position desired: _____

How did you learn about this position? _____

Date available for work: _____ Salary requirement: \$ _____ annually

Have you been employed here before? Yes No If so, when? _____

Are you eligible to work in the United States? Yes No

Have you ever been convicted of a crime (including traffic offenses)? Yes No If yes, please explain in space provided below.
(Prior convictions will not necessarily disqualify you from employment. The type of conviction and when it occurred will also be considered.)

Availability

I prefer to work Full-Time (30+ hours/week) Part-Time PRN/Substitute

I am available to work the following hours *(please check all that apply)*

Daytime Hours (1st shift) Evening Hours (2nd shift) Overnight Hours (3rd shift)

Weekend availability: Every other weekend (Saturday & Sunday) Not available on weekends

Education

| Type | School Name City, State | Did You Graduate? | Certificate or Degree Received | Course of Study |
|-------------------------------------|----------------------------|--|--------------------------------|-----------------|
| High School Last Attended | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D. | | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other (Business or Trade School) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

This application is valid for six months. If you desire employment after this period, a new application must be filed.

Employment History

List all prior employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. All information must be provided. Use a separate sheet if necessary.

| | | | | |
|--------------------------------|------------------|---|----|---|
| Employer () | Telephone () | Dates Employed | | Summarize nature of work and job responsibilities. Indicate full-time, part-time or volunteer: |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ Per | | |
| Reason for Leaving | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary* | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
| | | \$ Per | | |

| | | | | |
|--------------------------------|------------------|---|----|---|
| Employer () | Telephone () | Dates Employed | | Summarize nature of work and job responsibilities. Indicate full-time, part-time or volunteer: |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ Per | | |
| Reason for Leaving | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary* | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
| | | \$ Per | | |

| | | | | |
|--------------------------------|------------------|---|----|---|
| Employer () | Telephone () | Dates Employed | | Summarize nature of work and job responsibilities. Indicate full-time, part-time or volunteer: |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ Per | | |
| Reason for Leaving | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary* | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
| | | \$ Per | | |

| | | | | |
|--------------------------------|------------------|---|----|---|
| Employer () | Telephone () | Dates Employed | | Summarize nature of work and job responsibilities. Indicate full-time, part-time or volunteer: |
| | | From | To | |
| Address | | | | |
| Job Title | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ Per | | |
| Reason for Leaving | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary* | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | |
| | | \$ Per | | |

Comments (including explanation of any gaps in employment). _____

*Explain any involuntary dismissals in comments section above.



Authorization and Consent for Release of Background Information

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit or indebtedness may be obtained in connection with your application for and/or continued employment with Noble of Indiana. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Noble of Indiana. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122, 888-215-8296. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, you will be provided with a copy of the consumer report and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Noble of Indiana to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Noble of Indiana. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Drivers License Number

State Issued

Name exactly as it appears on your driver's license

Date of Birth (MM/DD/YYYY) (for ID purposes only)

Any other names I have been known by:

Please provide all residential addresses for the past 7 years:

Current Address: Street Apt. # City State Zip Code Since (mo/yr)

Former Address: Street Apt. # City State Zip Code From (mo/yr) / To (mo/yr)

Former Address: Street Apt. # City State Zip Code From (mo/yr) / To (mo/yr)

Former Address: Street Apt. # City State Zip Code From (mo/yr) / To (mo/yr)

SIGNATURE

DATE

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.



Criminal Records Request

I, _____, have lived in the following county (counties) in the past three (3) years. My date of birth is _____. My Social Security Number is _____. I give my permission to the following law enforcement agencies to release any and all criminal records to Noble of Indiana.

Please check all that apply:

_____ Marion County Sheriff's Department

_____ Hamilton County Sheriff's Department

_____ Hancock County Sheriff's Department

_____ Hendricks County Sheriff's Department

_____ Johnson County Sheriff's Department

_____ Morgan County Sheriff's Department

_____ Shelby County Sheriff's Department

_____ Other: _____ *(Please indicate county and state if other than Indiana)*

_____ Other: _____

_____ Other: _____

By signing this, I also agree that a photocopy is valid for this request.

Applicant's Signature

Date



Voluntary Affirmative Action Information

Noble of Indiana complies with Executive Order 11246, as amended, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, and the Rehabilitation Act of 1973 requiring SPC take affirmative action to employ and advance in employment all persons without regard to race, color, age, sex, national origin, or physical or mental disability, and to affirmatively seek to employ qualified disabled veterans and veterans of the Vietnam Era.

Noble must demonstrate that it complies with equal employment opportunity requirements and that it is the appropriate affirmative action. Periodically Noble of Indiana must report statistical information to the Federal Government about our employees and applicants for employment. The confidential information requested below is necessary for our reporting requirements. The information will be kept separate from other employment papers and records.

Your participation is voluntary and will be greatly appreciated. The information provided will be kept confidential in accordance with the ADA. Refusal to provide requested information will not subject the employee to any adverse treatment. Self-identification information will be used only in accordance with the ADA.

Employee Name (Print)

Today's Date

Social Security Number

Position Applied For

Please Check One Box to Indicate Your Gender:

- Male Female

Please Check Applicable Boxes to Indicate Your Veteran and/or Disability Status:

- Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran Disabled Individual

Please Check One Box to Indicate Your Racial Ethnic Background:

- White (Not Hispanic Origin)**

A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.

- Black (Not of Hispanic Origin)**

A person with origins in any of the Black racial groups of Africa who is also not of Hispanic origin.

- Asian or Pacific Islander**

A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, the Philippine Republic, and Samoa.

- American Indian or Alaskan Native**

A person with origins in any of the original peoples of North America and who maintains a cultural identification through tribal affiliation or community recognition.

- Hispanic or Latino (White Only)**

A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin.

- Hispanic or Latino (Other)**

A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin.

FOR HUMAN RESOURCES USE ONLY

- Official or Manager Professional Sales Technician Office and Clerical
 Craft Worker (Skilled) Operative (Semi-Skilled) Laborer (Unskilled) Service Worker

REQUISITION NUMBER: _____

DEFINITIONS

The Rehabilitation Act of 1973, as amended, defines a **disabled individual** as any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Life activities may be considered to include communication, ambulation, self-care, socialization, education, vocational training, employment, transportation, adapting to housing, etc. For the purpose of Section 503 of the Act, primary attention is given to those life activities that affect employability.

The phrase "**substantially limits**" means the degree that the impairment affects employability. A disabled individual who is likely to experience difficulty in securing, retaining, or advancing in employment would be considered substantially limited.

"**Has a record of such an impairment**" means that an individual may be completely recovered from a previous physical or mental impairment. It is included because the attitude of employers, supervisors, and coworkers toward that previous impairment may result in an individual experiencing difficulty in securing, retaining, or advancing in employment. The mentally restored, those who have had heart attacks or cancer, often experience such difficulty. Also, this part of the definition would include individuals who may have been erroneously classified and may experience discrimination based on this misclassification. This group may include persons such as those who have been misclassified as mentally retarded or mentally restored.

"**Is regarded as having such an impairment**" refers to those individuals who are perceived as having a disability, whether an impairment exists or not, but who, because of attitudes or for any other reason, are regarded as disabled by employers or supervisors who have an effect on the individual securing, retaining, or advancing in employment.

"**Special disabled veteran**" means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retirement pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30 percent or more or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.

"**Veteran of the Vietnam Era**" means a person, who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and who (i) was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a Veteran of the Vietnam Era under this paragraph after December 31, 1991.

"**Other veteran**" means (A) a veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or (B) a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. (Information required to make this determination is available at <http://www.opm.gov/veterans/html/vg-medal2.htm>.) A veteran qualifies under this criterion **ONLY** based upon military service **IN** the identified campaign or expedition and **NOT** simply based on any military service during the time of the campaign or expedition. The campaign badge, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the DD-214 Form," if the veteran meets this criterion.