

Form Title:

New Hire Employee Packet



WWW.FRACNDT.COM

877-309-9285

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position applied for: _____ Date of review: _____

How were you referred to us? _____

APPLICANT DATA

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile/Pager/Other: _____

Social Security No.: _____ Email: _____

Driver's License No.: _____ State Issued: _____

Date available to start: _____ Salary requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes: ____ No: ____

Have you ever worked for this company? Yes: ____ No: ____

If yes, when? _____

Are you a citizen of the United States? Yes: ____ No: ____

If not, are you legally allowed to work in the United States? Yes: ____ No: ____

Type of Employment Desired: Full-Time ____ Part-Time ____ Temporary ____ Seasonal ____

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: ____ No: ____

If yes, please give dates and details:

*Answering "yes" to these questions does not constitute an automatic rejection for employment. The date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

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EMPLOYMENT HISTORY

Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer as a reference? Yes: _____ No: _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

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