



Application for Employment

Electronic applications can be completed at: <https://theargyle.org>



THE ARGYLE APPLICATION FOR EMPLOYMENT

The Argyle is an equal opportunity employer. The Argyle does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes
 No

If yes, please provide company names and details _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

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

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before?

Yes No Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
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Reason for leaving			

Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Argyle to hire me. If I am hired, I understand that either The Argyle or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Argyle has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Argyle true and complete information on this application. No requested information has been concealed. I authorize The Argyle to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.



SHIFT AVAILABILITY

Name: _____ **Date:** _____

The information entered on this sheet in no way implies a set schedule, or guarantees that you will be scheduled every shift you check. We will try to accommodate your schedule to the best of our availability. Hiring is dependent on availability. If your availability changes, The Argyle reserves the right to change the number of shifts/hours offered, as well as the employment status of the individual.

Please complete the section below, placing a checkmark in the box for all shifts you would be available to work.

Please be aware that weekend availability is required for most positions.

AM Shift 6am – 2pm		EVE Shift 2 pm – 10 pm		Night Shift 10pm – 6am	
Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>

Employee/Applicant Signature

Date

**DISCLOSURE AND AUTHORIZATION FOR CONSUMER
REPORTS**

Fair Credit Reporting Act Disclosure

The Argyle may obtain a consumer report on you for employment purposes. This report may be in the form of a consumer report and/or an “investigative consumer report.” An investigative consumer report includes information as to your character, general reputation, personal characteristics and mode of living. You have a right to request disclosure of the nature and scope of an investigative consumer report, which may involve personal interviews with sources such as your neighbors, friends, or associates.

These reports may be obtained at any time after The Argyle receives authorization from you, including any time during the period of your employment if the The Argyle hires you or if you already work for the The Argyle .

CHOICE SCREENING, or another consumer reporting agency, will obtain the reports on you.

Authorization

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act.

I hereby authorize the The Argyle or its authorized agents, for employment purposes, to obtain or prepare consumer report(s) and investigative consumer report(s) at any time after the The Argyle receives this authorization, including any time that I may be employed by the The Argyle .

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by The Argyle or other consumer reporting agencies or the The Argyle .

Applicant/Employee Name (Printed): _____

Applicant/Employee Signature: _____

Date: _____



Choice Screening

Background Screening Information Form

Personal Information

First Name:	Middle Name:	Last Name:
Maiden Name/Other Names Used:	Date Last Used:	
Email Address:		
Social Security Number:	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number:	State:	

All addresses for the last SEVEN years: (List addresses beginning with the most recent)

1.	Street	City	County	State	Zip	Years: From - To
2.	Street	City	County	State	Zip	Years: From - To
3.	Street	City	County	State	Zip	Years: From - To
4.	Street	City	County	State	Zip	Years: From - To
5.	Street	City	County	State	Zip	Years: From - To
6.	Street	City	County	State	Zip	Years: From - To
7.	Street	City	County	State	Zip	Years: From - To

5-Year Employment History: (List all employers, beginning with most recent employer)

Employment Dates (Month/Year) From: _____ To: _____

Company Name: _____

Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Job Title(s): _____ Supervisor Name _____

Reason for Leaving: _____

Employment Dates (Month/Year) From: _____ To: _____

Company Name: _____

Address: _____ City: _____
State: _____ Zip: _____
Job Title(s): _____ Supervisor Name: _____

Reason for
Leaving: _____

Employment Dates (Month/Year) From: _____ To: _____

Company Name: _____
Phone: _____

Address: _____ City: _____
State: _____ Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for
Leaving: _____

Employment Dates (Month/Year) From: _____ To: _____

Company Name:
Phone:

Address: _____ City: _____
State: _____ Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for
Leaving: _____

Education History:

School Name and Location	From (mo/yr)	To (mo/yr)	GPA/Class Standing	Major	Type of Degree	Date Degree Obtained or to be Obtained
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