



APPLICATION FOR EMPLOYMENT
An Equal Opportunity / Affirmative Action Employer

If you need assistance in completing the employment application, please inquire with the office. Furthermore, Yannuzzi Group, Inc. conducts pre-employment qualification testing (including drug screening) and personal interviews in the application process.

Yannuzzi Group, Inc. does not discriminate against applicants on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, veteran status, genetic information or any other legally protected characteristic. Please direct any complaints about the application process to the Human Resources Department.

PERSONAL DATA:

(Last Name) (First Name) (Middle Initial)

(Street Address, RFD, or P.O. Box)

(City) (State) (Zip Code)

Phone Numbers: _____

Social Security #: _____ DOB: _____

Emergency Contact: _____ | Phone _____

Position(s) Applied For: _____

E-mail Address (optional): _____

When would you be available to start work? _____

Check each type of work you will accept: _____ Regular _____ Temporary _____ Full Time _____ Part

Time Have you filed an application here before? _____ Yes _____ No Date _____

Have you ever been employed here before? _____ Yes _____ No Date _____

Are you or your spouse related to any other officer of this employer? _____ Yes _____ No

Minimum acceptable salary: \$ _____ Per: _____

EDUCATION AND TRAINING:

<u>Name and Schools Attended and Location</u>	<u>GPA</u>	<u>Major Fields</u>	<u>Hours Completed/Degree Received</u>

SKILLS: Please indicate (X) your experience/skills/abilities in the following areas:

Typing Speed:	Skills:	Clerical Experience:	No. of Years:
___ below 40 wpm	Excel	Receptionist	_____
___ 40-49 wpm	Word	Data Entry	_____
___ 50-59 wpm	Publisher	Bookkeeping	_____
___ 60-69 wpm	Power Point	Filing	_____
___ above 70 wpm	Other Word Processing	Purchasing	_____
	Other Software	Secretarial	_____
	Shorthand; speed _____	Records Management	_____
	Court Reporting	Cashier (electronic)	_____
	Other: _____	Other	_____

ADDITIONAL INFORMATION:

By law, you must be authorized to work in the United States in order to be employed by this employer and be able to produce appropriate documents establishing your identity and employment eligibility as required by the United States Employment Eligibility and Verification Form I-9.

If you can produce appropriate identification and work eligibility documents please check this box:

Have you ever pled guilty, pled no contest, or been convicted of a felony or other crime? ___ Yes ___ No

If yes, please confirm the date and county of the plea or conviction, and the nature of the offense on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. A plea or conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the plea or conviction, and the relevance of the crime to the job duties will be considered.)

If the position for which you are applying requires the operation of a motor vehicle, do you have a current New Jersey Driver's License?
 ___ Yes ___ No

Type of License: ___ Operator License No. _____
 ___ Commercial License No. _____
 ___ Chauffeur License No. _____

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone Number	Occupation

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal document verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

You may sign electronically or print this sign with pen.

Signature of Applicant: _____ Date: _____
mm/dd/yyyy

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Yannuzzi Group, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Yannuzzi Group, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

You may sign electronically or print this sign with pen.

Signature of Application Date mm/dd/yyyy

Employee's Name - Printed

EMPLOYMENT EXPERIENCE:

List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.
May inquiry be made of your present employer? Yes No

Employer:	Dates: From: To:
Phone No:	
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:
Employer:	Dates: From: To:
Phone No:	
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:
Employer:	Dates: From: To:
Phone No:	
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:
Employer:	Dates: From: To:
Phone No:	
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary: