



NLB Corporation Application for Employment

NLB Corporation is an Equal Opportunity Employer and complies with all applicable Federal and State employment discrimination laws.

To The Applicant: We appreciate your interest in NLB and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which in our judgement, best meets your qualifications. *Employment is contingent upon passing a pre-employment physical and drug screen.*

I. PERSONAL INFORMATION

Last	First	Middle		
Address _____				
	Street	City	State	Zip
Phone No. _____		Are you 18 years or older? _____		

Please list all other names by which you have been known to allow us to check your references. _____

Person to notify in case of emergency:

Name _____ Phone _____

Address _____

II. EMPLOYMENT DESIRED

Position Desired _____	Date you can start _____	Salary or hourly wage desired _____
Circle choices:	Days Nights	Part Time Full Time
		Irregular on call
Can you work:	Weekends? _____	Holidays? _____
		Over 40 hours In a workweek? _____
Are you employed now? _____	May we inquire of Your present employer? _____	
Have you ever applied to or worked for the NLB Corporation before? _____		
If yes, when? _____		

III. EDUCATION

SCHOOL	Degree Received	Start Date	End Date	Graduated Yes or No	Major	GPA	School Name	State or Country
HIGH								
COLLEGE								
COLLEGE								
BUS/TECH								
OTHER								

Training Courses / Seminars

Training Title	Completion Date
1.	
2.	
3.	
4.	

Licenses / Certifications / Registrations

License/Certification/Registration	Lic/Cert/Reg #	Issue Date MM/YY	Issued By	Expiration Date MM/YY	State/Country Issued in

Honors

Honor or Award	Grantor	Award Date MM/YY

Do you have any other educational training, trades, degrees, special training, skills, or other relevant experiences? _____

IV. EMPLOYMENT HISTORY

Please give an accurate and complete full and part-time employment history. Include all positions held. List the most current or recent job first, and attach an additional sheet if necessary.

Employer: _____ Telephone: (____)____ - _____

Address: _____ City: _____ State: ____ Country: _____

Supervisor's Name: _____ May we contact your supervisor? Yes No

Start Date (MM/YY): ____/____ End Date (MM/YY): ____/____ (Circle one) Full or Part-time

Starting Salary: _____ per _____ (hour, month, year)

Ending Salary: _____ per _____ (hour, month, year)

Job Title: _____ Department: _____

Reason for leaving position: _____

Job Duties: _____

Employer: _____ Telephone: (____)____ - _____

Address: _____ City: _____ State: ____ Country: _____

Supervisor's Name: _____ May we contact your supervisor? Yes No

Start Date (MM/YY): ____/____ End Date (MM/YY): ____/____ (Circle one) Full or Part-time

Starting Salary: _____ per _____ (hour, month, year)

Ending Salary: _____ per _____ (hour, month, year)

Job Title: _____ Department: _____

Reason for leaving position: _____

Job Duties: _____

Employer: _____ Telephone: (____)____ - _____

Address: _____ City: _____ State: ____ Country: _____

Supervisor's Name: _____ May we contact your supervisor? Yes No

Start Date (MM/YY): ____/____ End Date (MM/YY): ____/____ (Circle one) Full or Part-time

Starting Salary: _____ per _____ (hour, month, year)

Ending Salary: _____ per _____ (hour, month, year)

Job Title: _____ Department: _____

Reason for leaving position: _____

Job Duties: _____

V. REFERENCES

Do not include relatives or former employers

Name	Address	Phone No.	Acquaintance

VI. GENERAL

1. Are you a United States Citizen? _____ If you are not a United States Citizen, are you presently legally authorized to work in the United States? _____ Full-time or part-time? _____

2. Are you now or have you ever been a member of a branch of The Armed Forces of the United States, a State Militia, The National Guard, or The Reserves? _____ If so, please describe (include type of discharge if applicable). _____

3. Do you have a valid driver’s license? _____ Drivers license number _____ State _____

4. Have you ever been denied a Surety Bond? _____

5. Have you ever been convicted of a crime? _____ If yes, describe when, where, and the nature of the offense. _____

6. Are there any felony charges currently pending against you? _____ If yes, describe where, and the nature of the offense. _____

7. Are any of your relatives currently employed by NLB Corporation? _____ If yes, state their name(s) and relation to you. _____

8. How did you learn about NLB Corporation? _____

VII. ACKNOWLEDGEMENT

I authorize the investigation of all statements contained herein, including the investigation of statements concerning my previous employment. I certify that the information I have provided in this application is true and complete to the best of my knowledge and understand that, if I am employed, false or misleading statements on this or any other company document shall result in immediate dismissal.

I authorize NLB to verify the information I have provided, including contacting the references and former employers listed above. I authorize all former employers, references, and other persons or agencies to provide to you any information they have regarding me without receiving written notice from me. I release from all liability any person, employer or agency providing information pursuant to this authorization. I waive any right to written notice by my present and former employers that disclose information about me.

I agree to submit to a drug and alcohol screening test as a pre-condition to employment with NLB Corporation, and understand that I will not be hired if I test positively for alcohol or a controlled substance, unless that substance is present due to a legitimate and verifiable prescription. I understand that the use of any drug or alcohol use during working hours or an appearance at work under the influence of drugs or alcohol will result in appropriate disciplinary action up to and including termination. I understand that a refusal to take a drug or alcohol test, if directed to do so by management or supervision, will also result in immediate termination. NLB Corporation reserves the right to perform random drug testing during their employment.

I understand and agree that, if hired, my employment would be at will, which means that it would be for no definite period, that I retain the right to terminate my employment at any time, with or without notice and with or without cause, and that NLB Corporation retains the same right. I understand that NLB reserves the right to alter my scheduled hours at any time. I also understand that no oral or written communication, other than a written communication signed by the president of NLB Corporation, may alter or modify my at will employment status with NLB Corporation.

In the event that you need accommodation to complete this application, or if you need an accommodation at any time during the application process or, if hired and you need an accommodation during employment with NLB Corporation, you must notify NLB Corporation in writing of the need for such accommodation within 182 days after the date you knew or reasonably should have known of the need for accommodation.

The application must be complete even though the information may be contained in your resume. Filling an application provides no insurance that you will be interviewed or hired. Applications will be retained for six months, at which time they will be destroyed. A new application will be required for further consideration for vacancies.

Signature: _____

Date: _____



Authorization for a Criminal Records Check

Fill out completely. Type or print clearly using black or blue ink.

Last Name:	First:	Middle:
Gender (circle one): Male Female		
Driver License or State ID Number: _____		State: _____
Check here if you do not have a Driver License or State ID card: _____		

I, the undersigned, authorize NLB Corporation to conduct a criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to NLB Corporation.

Signature: _____ Date: _____