
Application for Employment



An Equal Opportunity Employer

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GENERAL INFORMATION (Please print in ink.)

Name		Today's Date
Street Address	Home Telephone	Preferred contact number if not at home: <input type="checkbox"/> Cell <input type="checkbox"/> Work _____
City	State	Zip
Referral Source (e.g. advertisement, friend, employee or associate, government/state agency, etc.) Please list name(s): _____		
Location Preference: _____		Applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Position Applying For: _____		2nd Choice: _____
Salary Requirements: _____		Date Available: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? If yes, attach explanation. <ul style="list-style-type: none"> • Do not disclose any offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program; or any juvenile or other convictions that were expunged, sealed, impounded or otherwise eradicated. (If this applies to you, check "No".) • No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 16 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally permitted to accept employment in the U.S. and can you provide legal documentation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able, with or without reasonable accommodation, to perform the essential duties of the position for which you are applying?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for HomeServices of America, Inc. or any of its affiliates? If yes, date(s): _____ Location(s): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives working for HomeServices of America, Inc. or any of its affiliates?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently subject to any non-compete, employment agreement, or other agreement that would prevent you from employment at HomeServices of America, Inc., or any of its affiliates and/or restrict you from performing the duties of the position for which you are applying? By checking "no", employee warrants that no such agreement exists. If yes, please list the agreement(s) and attach a copy to this application. _____

DRIVING RECORD (Complete only if driving for company business is a job requirement.)

Driver's License Number and State of Issue	Previous Driver's License Number and State of Issue
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	Have you had any moving violations within the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

SPECIAL SKILLS AND QUALIFICATIONS (Check all those that apply.)

<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Data Entry _____ kph	<input type="checkbox"/> 10 Key Calculator: <input type="checkbox"/> By touch <input type="checkbox"/> By sight
<input type="checkbox"/> Computer Software Applications: <input type="checkbox"/> MS Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Telephone Equipment (list types): _____		Number of incoming lines: _____
<input type="checkbox"/> Professional Licenses or Certifications (e.g. Real Estate license): _____		

EDUCATION

Name and Address of Educational Institution	Course or Major	Degree Completed? (Yes/No)	GPA	Type of Degree
High School				
College or University				
Graduate School				
Business, Vocational, or Other Schools				

EMPLOYMENT HISTORY

Start with your present or most recent employer. Include only positions held within the last five (5) years. A resume may be attached to describe your duties and scope of responsibility in each position, however the resume **DOES NOT** replace information required in this section. If you have had more than three (3) employers, attach an additional sheet.

If currently employed, may we contact your present employer? Yes No

Company Name	Employment Dates From _____ To _____		Telephone Number
Address	City , State and Zip Code		Name and Title of Supervisor
Starting Position	Starting Salary	Last Salary	May we contact?
Final Position	Reason for Leaving or Desiring to Leave		
Brief Description of Responsibilities			

Company Name	Employment Dates From _____ To _____		Telephone Number
Address	City , State and Zip Code		Name and Title of Supervisor
Starting Position	Starting Salary	Last Salary	May we contact?
Final Position	Reason for Leaving		
Brief Description of Responsibilities			

Company Name	Employment Dates From _____ To _____		Telephone Number
Address	City , State and Zip Code		Name and Title of Supervisor
Starting Position	Starting Salary	Last Salary	May we contact?
Final Position	Reason for Leaving		
Brief Description of Responsibilities			

ADDITIONAL INFORMATION

List any additional information you feel may be important for us to know in evaluating your application (i.e. professional society memberships, relevant community activities, scholastic organizations, board memberships, offices held, etc.)

REFERENCES

List three (3) references who have knowledge of your qualifications for the position for which you are applying. **DO NOT** list relatives.

Name	Business Phone
Address	How Acquainted?

Name	Business Phone
Address	How Acquainted?

Name	Business Phone
Address	How Acquainted?

PLEASE READ CAREFULLY

I certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, I may be disqualified from applying in the future for any position with HomeServices of America, Inc. and its Affiliates and I may be removed from the position, if appointed.

In consideration of employment, if offered, I acknowledge all claims, controversies, or disputes that arise out of my employment or termination of employment with the Company, will be submitted for arbitration and resolution exclusively to an arbitrator, except that any claims relating to a noncompetition, nonsolicitation or confidentiality obligation may be enforced in a court of law having jurisdiction over the matter. This requirement of arbitration specifically includes, but is not limited to, any claims of employment discrimination or harassment arising under any federal, state or municipal law or ordinance. The rules of the American Arbitration Association shall apply. The arbitrator’s award shall be final, binding and confidential.

I understand that, if hired, I may voluntarily leave employment and may be terminated by the employer at any time for any legal reason.

I authorize the investigation of all statements I have made in this application; and the release of references, grade transcripts and additional information pertinent to my employment from sources identified in this application or provided separately.

In making this application for employment, I understand that a credit report, consumer investigative report or similar inquiry may be made. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigation performed in preparing such reports. I hereby authorize the Company to procure a credit report, consumer investigative report or other such verifications as may be necessary and release it from all liability in connection with procuring and using such reports and information. This authorization and release, in original or copy form, shall be valid for this and any further reports or updates.

I also understand the acceptance of this application by Home Services of America, Inc. and its affiliates neither expresses nor implies that I will be granted employment.

I acknowledge that I have read and understand the above statements.

Applicant Signature	Date
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Applicant Data Record

HomeServices of America, Inc. is an equal opportunity employer, and its employment practices conform to state and federal civil rights laws which prohibit discrimination in regard to race, color, religion, age, national origin, citizenship status (except as required by law), gender, gender identity, sex, sexual orientation, genetic information, physical or mental disability, disabled veteran, Vietnam era veteran status, marital status, other non job related characteristics or any other category protected by U.S. federal, state or local law.

HomeServices of America, Inc. takes pride in being an equal opportunity employer. To help us comply with legal requirements, we request your cooperation in providing the following information. **[Your participation is voluntary and will be kept confidential.]** This sheet will be removed from your application and will not in any way affect your possibilities for employment. Please return this page with your application.

Date: _____

Name: _____

Position Applied for: _____

Location: _____

Sex: Male Female

Check only one of the following ethnic / race groups:

Ethnicity:

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you are not Hispanic or Latino – Check one of the following race categories.

Race:

_____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original people of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

