

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact human resources. **EMAIL COMPLETED APPLICATION TO HR@GreenLendingWholesale.com.**

Legal First Name	Middle Name (if none, N/A)	Legal Last Name	
Street Address 1		Street Address 2	
City	State	Zip Code	
Main Phone Number	Alternate Phone Number	Email	
( ) -	( ) -		
Social Security Number	Veteran Status	Military Reserve Status	
- -	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Education Level			
<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Post-Secondary non-degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral/ Professional degree			
Emergency Contact Name	Contact Phone Number	Relationship to Applicant	
	( ) -		
	( ) -		

1. Are you at least 18 years of age? \_\_\_\_\_  Yes  No
2. If hired, can you present evidence of your identity and legal right to work in the United States?  Yes  No
3. Are you able to perform the essential functions of the position to which you are applying with or without a reasonable accommodation? \_\_\_\_\_  Yes  No
  - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

## EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with current or most recent employer listed first. Be sure to account for all jobs held for the last five years. If self-employed, give firm name and supply business references. If additional space is needed, please include information in a word document alongside your application.

<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number or Email</b>	<b>Dates Employed (Month/Year)</b>	
	<b>From</b>	<b>To</b>
<b>Job Title(s) and Duties</b>		<b>Reason for Leaving</b>
<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number or Email</b>	<b>Dates Employed (Month/Year)</b>	
	<b>From</b>	<b>To</b>
<b>Job Title(s) and Duties</b>		<b>Reason for Leaving</b>
<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number or Email</b>	<b>Dates Employed (Month/Year)</b>	
	<b>From</b>	<b>To</b>

Job Title(s) and Duties		Reason for Leaving
Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number or Email	Dates Employed (Month/Year)	
	From	To
Job Title(s) and Duties		Reason for Leaving
Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number or Email	Dates Employed (Month/Year)	
	From	To
Job Title(s) and Duties		Reason for Leaving

Explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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**EDUCATION**

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma /Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

**BUSINESS AND PROFESSIONAL REFERENCES**

Please list five professional references of individuals who are **NOT** related to you.

Name and Title	Relationship	Phone Number or Email

## GENERAL INFORMATION

4. Are you licensed for the position? -----  Yes  No

a. If yes, please provide the following information:

Name of License / Certification:	License / Cert. Number:	Issuing State:

5. Has your license / certification ever been suspended or revoked? -----  Yes  No

a. If yes, please explain:

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6. Have you ever used another name? -----  Yes  No

a. If yes, what name(s)

Name(s)

7. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? -----  Yes  No

a. If yes to above, please explain:

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8. Do you have friends and/or relatives working for this company? -----  Yes  No

a. If yes, please provide name(s) and relationship

Name(s)	Relationship

9. What date are you available to start working? \_\_\_\_\_

10. What days and hours are you available to work?

a. Please complete the chart below

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

11. What type of schedule are you seeking?  Full Time  Part Time  Shift Work  Seasonal/Temporary

12. If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_  Yes  No

13. Can you travel if the position requires it? \_\_\_\_\_  Yes  No

14. Can you relocate if the position requires it? \_\_\_\_\_  Yes  No

## APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

**Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_