



**EMPLOYMENT APPLICATION**

FRANK RUSSELL INCORPORATED  
 341 Pacific Ave., Shafter, CA 93263  
 (661) 746-4939  
[www.frankrussellinc.com](http://www.frankrussellinc.com)



We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or sexual orientation, or the presence of a non-job-related medical condition or disability. Be advised to avoid reference to religion, politics, race, sex, or other non-related traits in this application.

PERSONAL DATA		SSN (OPTIONAL): - -		DATE:	
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	TELEPHONE NUMBER:
Address of Residence:			City, State, Zip Code:		Referred By:
Are you under the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Upon the offer of employment, can you verify your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number:	State:	Expiration Date:	Currently Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driving Record: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT DESIRED			DATE AVAILABLE: / / 20		
Position Desired/Area of Interest:			Name of friends or relatives employed here:		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to perform the essential functions of the job for which you are applying without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION / MILITARY SERVICE			Please indicate any languages, other than English, that you: SPEAK READ WRITE		
High School:	Location:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended?	
Trade School:	Location:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended?	
College:	Location:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended?	
Graduate School:	Location:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended?	
Have you ever served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Military training or duties:		
EXPERIENCE AND EMPLOYMENT HISTORY		List the last four (4) employers, starting with the last one first. Include part-time, military, seasonal, and unemployment.			
Date: Month/Year	Name of Employer:		Position / Duties:		Reason for Leaving:
Date: Month/Year	Name of Employer:		Position / Duties:		Reason for Leaving:
Date: Month/Year	Name of Employer:		Position / Duties:		Reason for Leaving:
Date: Month/Year	Name of Employer:		Position / Duties:		Reason for Leaving:
EMERGENCY CONTACT INFORMATION			In Case of Emergency, Notify		
Name:		Relationship:		Telephone Number:	
Address:		City:	State:		Zip Code:

**Employment Application (continued)**

Comment Area (if needed)

**Acknowledgment**

1. I understand that if I am being considered for employment by FRANK RUSSELL INC., I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by FRANK RUSSELL INC. and authorize release of the physical exam and test results to FRANK RUSSELL INC. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration. I will at my own expense provide a DMV report.
2. I also understand that as part of my employment application that at any time during such employment, I may be required to be examined concerning my ability to perform any job in a manner that does not endanger my health or safety or the health of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives, and employees, including attorneys, all medical information revealed during such examinations. I further authorize my employer to disclose such information to any person if at any time my medical condition is put at issue in any proceeding by myself or others. I understand this authorization will remain valid for five years from the date of this application, and that if I become employed this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization. I hereby waive any rights and claims I may have regarding FRANK RUSSELL INC, or its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and the pre-employment process. I understand that should my employer find any statement I have made is not truthful, any job extended to me may be withdrawn and if employed, I may be subject to termination.
4. I understand this application of employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with FRANK RUSSELL INC. does not constitute any form of contract, implied or expressed, and such employment will be terminable at will wither by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by FRANK RUSSELL INC.
5. I grant my employer approval, after termination of employment to release information which it may deem appropriate regarding my employment with or termination from FRANK RUSSELL INC. to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by FRANK RUSSELL INC., to be accurate, FRANK RUSSELL INC., shall not incur legal liability of any nature in connection with furnishing of such information.
6. I understand that my employment application will be placed in an active status for six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six months, I must reapply by (a) submitting a new application for employment or by (b) submitting a letter requesting renewal of my application and including an update of my qualifications, recent work history, etc.
7. I understand that I must comply with the Drug-Free Workplace Act.

I certify that I have read all of the above statements and that I understand them.

Applicant Signature: \_\_\_\_\_

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