



**Span, Inc.
Employment Application**

Personal Information

Name (Last, First, MI)

Address

City, State, Zip

Primary Phone number

Secondary phone number

Home E-mail address

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired # of hours and Days, Times, etc.

Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any military service or other education not listed above which may help qualify you for this position:

Employment History

List below **all** present and past employers **over the past ten years**, starting with your **most recent** employer. Account for all periods of unemployment. *You may attach a resume as a supplement to this section, but please provide as much specific information about former employers as possible (such as name, complete addresses, contact information). This information might be used as part of a background/ reference check/employment verification. If you submit a resume to supplement this section, it shall become an attachment to and a part of this application.*

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		
2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		
3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		

4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		
5.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		
6.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Supervisor	Email (if known)		4.
	Job position(s)	Reason(s) for leaving		

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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List all languages that you can speak, read, and write.
(Please include your fluency level of English):

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position (for driving positions, this may include training such as first aid, defensive driving, passenger assistance, etc.):

Identify what skills or certification you possess related to this position:

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Additional Information	
Have you ever been employed with Span, Inc. before? If yes, when? _____ -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives employed by Span, Inc.? If yes, please provide their names and relationship to you: -----	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? May we contact your employer? Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If driving is a requirement of the position applied for, have you been convicted of, or pled "guilty" or "no contest to," Driving Under the Influence ("DUI") or Driving While Intoxicated ("DWI")?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If driving is a requirement of the position applied for, do you have a valid Texas Driver License?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If driving is a requirement of the position applied for, do you have a valid Texas <u>Commercial</u> Driver License?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

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Please read each statement closely and initial each, acknowledging your understanding.

Equal Employment Opportunity Statement

Span, Inc. is committed to complying with all federal, state, and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of harassment and discrimination due to race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history), or any other status protected by federal, state, or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the Company.

Discrimination and Sexual Harassment Policy Statement

Span, Inc. will not tolerate any form of unlawful discrimination or harassment, including sexual harassment. Any employee who engages in unlawful discrimination or harassment, sexual or otherwise, will be subject to appropriate discipline, up to and including termination.

Disclosure to Applicants Concerning Drug/Alcohol Testing and Background Screening

Subject to the terms and conditions stipulated by the Department of Transportation and the Drug and Alcohol Policy of Span, Inc., you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will likely become ineligible for employment by SPAN, Inc. Additionally, all employees of Span, Inc. will be required to undergo and pass a criminal background screening. Some positions may require further periodic screenings. I understand that depending on the results of the background screening and the position for which I am applying, I may be disqualified as an eligible candidate. I further understand that if I become an employee of Span, Inc. future results of any drug or criminal background screening may make me ineligible for employment and be a cause for termination, depending on the results and the position in which I am employed.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

At-Will Employment

I understand that my submission of this application, does not obligate Span, Inc. to hire me now or in the future. I further understand and agree that if I am employed, my employment will be “at-will”, which means that Span, Inc. may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Span, Inc. will respect my right to terminate my employment at any time, with or without cause and with or without notice.

Medical Examination

I understand that if offered certain positions with Span, Inc., I might be required to pass a medical examination to remain eligible for employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY SPAN, INC.

Signature

Date