



## APPLICATION FOR EMPLOYMENT

PERSONAL		
<i>Prospective employees will receive consideration without regard to race, gender, color, creed, national origin, disability, marital status, sexual orientation, veteran status or any other personal characteristic protected by federal, state or local law, rule or ordinance.</i>		
Last Name	First Middle	Date
Street Address		Home Telephone ( )
City, State, Zip		Email
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____		Social Security #
Position Applying For		Pay Expected
Are you available to work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	What shift(s) are you willing to work? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> weekend days <input type="checkbox"/> weekend nights	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available
Have you been convicted of a crime or pleaded no contest to an offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: 1. Nature of Crime _____ 2. Date of Conviction _____ 3. State in which Convicted _____ <i>Conviction will not necessarily disqualify an applicant from employment.</i>		
List any special training or skills (languages, machine operation, etc.) relevant to the position you are applying for.		

EDUCATION					
School	Name and Location	Course of Study	# Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL MEMBERSHIPS
List any professional organizations for which you are a member relevant to the position you are applying for. (Exclude any which may disclose your race, color, religion or national origin.)

MILITARY		
Did you serve in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Branch? _____	Rank at Discharge	Type of Discharge
Describe any training received relevant to the position for which you are applying.		

**EMPLOYMENT****1**

Please provide an accurate and complete employment history. Start with your present or most recent employer.

Company Name

Telephone

( )

Address

Dates Employed (Month/Year)

From

To

Name of Supervisor

May we contact this employer?

☐ Yes ☐ No

Hourly pay

Starting

Ending

Job Title

Reason for Leaving

Job Duties

**2**

Company Name

Telephone

( )

Address

Dates Employed (Month/Year)

From

To

Name of Supervisor

May we contact this employer?

☐ Yes ☐ No

Hourly pay

Starting

Ending

Job Title

Reason for Leaving

Job Duties

**3**

Company Name

Telephone

( )

Address

Dates Employed (Month/Year)

From

To

Name of Supervisor

May we contact this employer?

☐ Yes ☐ No

Hourly pay

Starting

Ending

Job Title

Reason for Leaving

Job Duties

**4**

Company Name

Telephone

( )

Address

Dates Employed (Month/Year)

From

To

Name of Supervisor

May we contact this employer?

☐ Yes ☐ No

Hourly pay

Starting

Ending

Job Title

Reason for Leaving

Job Duties

Please provide an explanation for any gaps in employment.

WORK REFERENCES			
Name/Relationship	Address	Telephone ( )	How long have you known?
Name/Relationship	Address	Telephone ( )	How long have you known?
Name/Relationship	Address	Telephone ( )	How long have you known?

In case of an emergency, please notify:			
Name/Relationship	Address	Telephone ( )	

SIGNATURE	
<p>The information provided in this application is true, correct and complete to the best of my knowledge. If employed, any falsification or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not constitute a contract or guarantee of continued employment. I further understand that either Multicircuits or I may terminate my employment at will at any time, for any or no reason at all.</p> <p>If Multicircuits decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize Multicircuits to do so. If a report is acquired I am entitled to the name of the agency, so I may obtain from them the nature and substance of the information contained in the report.</p>	
_____	_____
Signature	Date

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks	
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title / Department	Hourly Rate / Salary _____

NOTES	

# 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, 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 whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status 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: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## 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 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## 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; and
- 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. Regulation 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**

U.S. Department of Labor | Wage and Hour Division



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