

Please print. Use ink.

EMPLOYMENT APPLICATION

DATE

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE	BUSINESS TELEPHONE	BEST TIME TO REACH YOU	
PERSON WE MAY CONTACT IF YOU ARE UNAVAILABLE		TELEPHONE	
TYPE OF POSITION(S) PREFERRED		GEOGRAPHIC PREFERENCE	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	HOURS PREFERRED	SALARY EXPECTATIONS	PLEASE CHECK IF YOU ARE WILLING TO WORK:
DATE AVAILABLE FOR EMPLOYMENT	REFERRED BY		<input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> OVERTIME <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> SPLIT SHIFT <input type="checkbox"/> ROTATING SHIFT

PREVIOUS RESIDENCE – List previous place(s) of residence the past five (5) years.			DATES	
STREET ADDRESS	CITY	STATE	FROM	TO

EDUCATION & TRAINING					
SCHOOL	NAME & LOCATION	MAJOR COURSE OF STUDY	COMPLETED	YEAR GRADUATED	TYPE OF DEGREE
HIGH SCHOOL				1 2 3 4	
BUSINESS/TECHNICAL SCHOOL				1 2 3 4	
COLLEGE				1 2 3 4	
GRADUATE SCHOOL				1 2 3 4	
LIST BUSINESS COURSES TAKEN					
LIST FOREIGN LANGUAGES SPOKEN					

SKILLS		
<input type="checkbox"/> TEN KEY TOUCH	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> TYPEWRITER WPM _____
<input type="checkbox"/> CALCULATOR TOUCH	<input type="checkbox"/> PERSONAL COMPUTER	<input type="checkbox"/> SHORTHAND WPM _____
<input type="checkbox"/> TRANSCRIPTION	<input type="checkbox"/> CRT	<input type="checkbox"/> SPEED WRITING WPM _____
<input type="checkbox"/> DATA ENTRY – LIST EQUIPMENT _____		
<input type="checkbox"/> OTHER - SPECIFY _____		

EMPLOYMENT RECORD – List the most recently held positions.

COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
FROM MO/YR	TO MO/YR	TELEPHONE	SUPERVISOR		POSITION	
DUTIES						
STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING				
COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
FROM MO/YR	TO MO/YR	TELEPHONE	SUPERVISOR		POSITION	
DUTIES						
STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING				
COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
FROM MO/YR	TO MO/YR	TELEPHONE	SUPERVISOR		POSITION	
DUTIES						
STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING				
COMPANY NAME		STREET ADDRESS		CITY	STATE	ZIP CODE
FROM MO/YR	TO MO/YR	TELEPHONE	SUPERVISOR		POSITION	
DUTIES						
STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING				

UNEMPLOYMENT RECORD – Account for all periods of unemployment and extended illness/disability of four (4) weeks duration or more for the last five (5) years or since you left school

FROM MO/YR	TO MO/YR	STATE WHAT YOU WERE DOING

GENERAL INFORMATION	HAVE YOU EVER BEEN EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	WHERE
ARE YOU RELATED TO ANY EMPLOYEES OR BOARD MEMBERS OF THIS CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIVE'S NAME	RELATIONSHIP	LOCATION OF RELATIVE WITHIN CORPORATION.
EXPERIENCE IN FINANCE BUSINESS:			
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: _____ DRIVERS LICENSE NO. _____		
CAN YOU SUPPLY DOCUMENTATION OF YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(In accordance with the Immigration and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees failure to establish such proof will prohibit or discontinue employment).			
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO ANY CRIMINAL OFFENSE? (CRIMINAL CONVICTIONS ARE NOT AN AUTOMATIC BAN FROM EMPLOYMENT BUT WILL ONLY BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS). <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, STATE THE OFFENSE, LOCATION, DATE AND DISPOSITION, AND ANY OTHER CIRCUMSTANCES OR REHABILITATION.			

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT
Affidavit

Initials: _____

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

_____ I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of _____. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____

Date: _____

Printed Name: _____

INTERNAL USE ONLY

MANAGER _____ COMMENTS _____

INTERVIEWED BY _____ COMMENTS _____

If any commitment has been made for salary increase explain fully: _____

Hired by: _____ Start Date: _____

Employment Approved by: _____

Position: _____ Wage Rate: \$ _____ per _____

Assigned to office: _____