APPLICATION FOR EMPLOYMENT

Position Desired:] Part time [] Ful	Date		
Name							
(Print)	Last		First		Middle		
Present Address					How long have you lived there?	,	
Previou: Address		City	State	Zip Code	How long did you live there?	Years	Months
	Street and Number	City	State	Zip Code	, .	Years	Months
Telepho	one No		§	Social Security No.			
	ou ever worked for this C please give dates and po		pre? []Yes	[] No			
	ou ever pled guilty or "no please give the date(s) a		or been convi	cted of, a misdeme	eanor or felony?	[]Yes []No	
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Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? []Yes [] No

If Yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

RECORD OF PREVIOUS EMPLOYMENT

Please list below your last five employers, starting with your present/most recent employer. Be sure to account for <u>all</u> periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present/Most Recent Employer Address	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	Your Title or Position	Exact Reason for Leaving
City, State, Zip Code Telephone	To (mo/yr)	Final \$ 	Name and Title of Last Supervisor	
Employer Address	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	Your Title or Position	Exact Reason for Leaving
City, State, Zip Code Telephone	To (mo/yr)	Final \$	Name and Title of Last Supervisor	

Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Employer Address City, State, Zip Code Telephone	Employed From (rno/yr) To (mo/yr)	Pay Start \$ Final \$	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving

Have you ever been terminated, laid off, or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:___

May we contact your current employer? [] Yes [] No. If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? [] Yes [] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

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If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [] Yes [] No

Do you have adequate transportation to and from work? [] Yes [] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days
Year	Number of days
Year	Number of days

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	45678			
High School:	9 10 11 12			
College/University:	1234			
Graduate/Professional:	1234			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives.

Name 🧭	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

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APPLICANT'S STATEMENT & AGREEMENT

I affirm that the information provided on this application or in connection with the processing of this application including any resume or any other accompanying documents is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents can be sufficient grounds for my rejection as a candidate for employment or for discharge.

I understand that this application does not create an offer of employment.

In consideration of my employment, I agree to conform to the rules and regulations of the firm and agree that my employment is at-will and may be terminated, with or without cause, and with or without notice, at any time at the option of either the company or myself. I understand and agree that I am not being hired for any specified period of time. I also understand that this at-will employment relationship can not be altered by anyone unless it is in writing and signed by the Managing Partner. I also understand that any firm manuals or handbooks which may be provided to me during the course of my employment shall not be construed as a contract. If employed, I will completely read and remain familiar with the firm's personnel manual.

I authorize investigation and verification of all information contained in this application including any resume or any other accompanying documents.

I understand that a routine investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry provides information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I hereby authorize all persons, schools, companies, institutions, former employers, credit bureaus, and law enforcement agencies to give the firm full information concerning my character, qualifications, and employment. I release all parties from all liability for any damage that may result from furnishing that information to the firm.

If you have any questions regarding this statement, please ask a Firm representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature of Applicant

Date