

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO	SECONDARY PHONE NO		REFERRED BY

## EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	
ARE YOU EMPLOYED NOW <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	
EVER WORKED FOR THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	
REASON FOR LEAVING		NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	<input type="checkbox"/> FRIEND
	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKIN
		<input type="checkbox"/> ONLINE AD	<input type="checkbox"/> OTHER _____
		<input type="checkbox"/> WEBSITE	_____

## EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
HIGHSCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE		LEAVING DATE	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE		LEAVING DATE	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

**SPECIAL PURPOSE QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED THE LINE PROCEEDING THE QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST THE APPLICANT DURING THE HIRING PROCESS FOR ANY REASONS RELATING TO RACE, COLOR, SEX, RELIGIOUS AFFILIATION, NATIONAL ORIGIN, GENDER, OR DISABILITY.

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?  YES  NO DESCRIBE \_\_\_\_\_

THIS QUESTION IS BEING ASKED BECAUSE THE JOB FOR WHICH YOU ARE APPLYING TO CONSIDERED A "SECURITY-SENSITIVE" JOB REQUIRING A VERY LEVEL OF TRUST, SUCH AS ANY POSITION IN WHICH THE EMPLOYEE HANDLES CURRENCY, HAS ACCESS TO A JOB-RELATED COMPUTER TERMINAL, HAS ACCESS TO A MASTER KEY, OR WORKS IN THE AREA WHICH HAS BEEN DESIGNATED AS A SECURITY SENSITIVE AREA. ANSWERING YES TO THIS QUESTION WILL NOT CONSTITUTE AN AUTOMATIC REJECTION OF EMPLOYMENT. THE DATE OF THE OFFENSE, THE SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL ALL BE CONSIDERED. IF YOUR RECORD WAS EXPUNGED, SEALED OR SET ASIDE, YOU MAY ANSWER NO TO THE ABOVE QUESTION

I UNDERSTAND AND AGREE THAT IN THE EVENT THAT I HAVE OFFERED A JOB I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION, DRUG TEST, AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY ITS DIRECTORS, OFFICERS, AGENTS, OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S), OTHER THAN CLAIMS RELATED TO PRIVACY VIOLATION AND/OR DISCRIMINATION UNDER APPLICABLE FEDERAL AND STATE LAWS. I UNDERSTAND THAT ALL POTENTIAL EMPLOYEES ARE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND OR DRUG TEST AND THAT IN COMPLIANCE WITH FEDERAL LAW THE RECORDS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL AND THE INFORMATION OBTAINED WILL NOT BE USED TO DISCRIMINATE ON THE BASIS OF DISABILITY, HEALTH PROBLEMS, OR MEDICAL CONDITIONS.

YES  NO

ANY INFORMATION VOLUNTARILY DISCLOSED IN THE FOLLOWING QUESTION WILL ONLY BE USED BY THE EMPLOYER TO DETERMINE THE EXTENT OF ANY EMPLOYER-PROVIDED ACCOMMODATION THAT MAY BE NECESSARY FOR THE APPLICANT UNDER THE AMERICAN WITH DISABILITIES ACT, THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST APPLICANTS DURING THE HIRING PROCESS FOR ANY REASON RELATING TO DISABILITIES, HEALTH PROBLEMS, OR MEDICAL CONDITIONS.

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION

YES  NO

**JOB FUNCTION #1**

If you can perform the function with an accomodation, explain how you would perform the tasks, and with what accomodation

**JOB FUNCTION #2**

YES  NO

If you can perform the function with an accomodation, explain how you would perform the tasks, and with what accomodation

WHAT FOREIGN LANGUAGES DO YOU SPEAK/WRITE/READ FLUENTLY \_\_\_\_\_

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, FALSE STATEMENTS OR DELIBERATE OMISSIONS ON THIS APPLICATION MAY BE GROUNDS FOR DISQUALIFICATION FROM EMPLOYMENT OR, IF DISCOVERED AFTER EMPLOYMENT BEGINS, COULD RESULT IN DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

I SPECIFICALLY AUTHORIZE THE COMPANY AND ANY THIRD PARTY ENTITY RETAINED BY THE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED HEREIN AND TO CONTACT AND CHECK THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE THE COMPANY ANY AND ALL INFORMATION CONCERNING MY EDUCATIONAL BACKGROUND, WORK EXPERIENCE, PERFORMANCE, SEPARATION AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE. I SPECIFICALLY AUTHORIZE AND DIRECT MY CURRENT AND FORMER EMPLOYERS TO SUPPLY EMPLOYMENT-RELATED INFORMATION TO THE COMPANY AND DO HEREBY RELEASE MY CURRENT AND FORMER EMPLOYERS AND THEIR OFFICERS AND EMPLOYEES FROM LIABILITY FOR PROVIDING SUCH INFORMATION.

I ALSO HEREBY RELEASE THE COMPANY AND ITS OFFICERS AND EMPLOYEES FROM ALL LIABILITY FOR ANY DAMAGE OR CLAIMS THAT RELATE TO OR ARISE FROM THE COMPANY'S RECEIPT OF SUCH INFORMATION OR THE COMPANY'S UTILIZATION OF SUCH INFORMATION. I UNDERSTAND THAT IF I AM EMPLOYED BY THE COMPANY, THIS AUTHORIZATION WILL APPLY THROUGHOUT MY EMPLOYMENT TO THE EXTENT PERMITTED BY LAW UNLESS I REVOKE OR CANCEL SUCH AUTHORIZATION VIA A SIGNED LETTER OR STATEMENT TO THE COMPANY.

I UNDERSTAND THAT ANY EMPLOYMENT WITH THE COMPANY IS "AT-WILL," MEANING THAT EITHER THE COMPANY OR I MAY TERMINATE THE RELATIONSHIP AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL. UPON TERMINATION OF MY EMPLOYMENT FOR WHATEVER REASON, I RELEASE THE COMPANY FROM ALL LIABILITY FOR PROVIDING ANY INFORMATION CONCERNING MY EMPLOYMENT TO ANY POTENTIAL EMPLOYER.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_