

# The Company, Inc.

An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS ACTIVE FOR 30 DAYS FROM THE DATE COMPLETED.

COMPLETION OF THIS FORM AND GRANTING AN INTERVIEW DOES NOT NECESSARILY INDICATE THERE ARE POSITIONS AVAILABLE.

DATE

## PERSONAL DATA

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE NO.	PREVIOUS ADDRESS	CITY	STATE
ZIP	Are You 18 Years or Older	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES?  YES  NO

WERE YOU IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES - BRANCH <input type="checkbox"/> NO	NO. OF YEARS OF SERVICE	HIGHEST RANK	DUTIES
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## EMPLOYMENT INTEREST

POSITION APPLYING FOR	SHIFTS YOU CAN WORK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE YOU CAN BEGIN WORK	RATE OF PAY DESIRED
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## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE AND G.P.A.
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## SKILLS

OFFICE--TYPING  YES, WPM \_\_\_\_\_  NO  
 TRANSCRIBER  YES  NO  
 PC  YES, WPM \_\_\_\_\_  NO  
 D.P. SKILLS HARDWARE EQUIP. \_\_\_\_\_ SOFTWARE \_\_\_\_\_ LANGUAGE \_\_\_\_\_

USE THIS SPACE TO DESCRIBE ANY BACKGROUND EXPERIENCE, EDUCATION, KNOWLEDGE, TRAINING, ACCOMPLISHMENTS, LICENSES, PROCESSES, MACHINE OPERATIONS, COMPUTER PROGRAMS, OR SPECIAL SKILLS YOU POSSESS.

## EMPLOYMENT HISTORY

LIST PRESENT OR LAST EMPLOYER FIRST

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION RESPONSIBILITIES	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

**REFERENCES OTHER THAN RELATIVES**

NAME	ADDRESS	CITY/STATE	OCCUPATION	PHONE
1				
2				

MAY WE CONTACT PREVIOUS EMPLOYERS AND OTHER SOURCES TO VERIFY INFORMATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT EMPLOYER	<input type="checkbox"/> YES <input type="checkbox"/> NO
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HOW WERE YOU MADE AWARE OF EMPLOYMENT OPPORTUNITIES AT OUR COMPANY?	HAVE YOU EVER WORKED FOR US	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?
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Have you ever plead guilty or been convicted of a felony?  YES If yes, give details; exclude minor traffic violations. (A conviction in and of itself may not be a bar to employment.)  NO

**STATEMENT**

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any false statement, misrepresentation, or omission, shall be sufficient cause for rejection or dismissal in the event I am employed by Company. I understand and agree that, if hired, I will conform to the rules and regulations of Company, Inc. and further agree that my employment is for no definite period and I have the right to terminate my employment at any time, for any reason, or no reason, and the Company retains a similar right regarding the discontinuation of my employment. The Company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background. I understand any offer of employment is contingent on my successful completion of a drug screening test.

Date agreed \_\_\_\_\_ Signature \_\_\_\_\_

**TECHNICAL AGREEMENT**

Also in consideration of any contracted agreement between Company and me or of any employment and of commissions, wages, salaries, or other compensation paid me, I agree that:

1. All samples, equipment, papers and apparatus relating to the Company's business, including those prepared or made by me, shall be the property of the Company and, except as required by my work, I will not reveal them to others nor will I reveal any information concerning the Company's business including its inventions, shop practices, processes and methods of manufacturing.
2. I will promptly disclose to the Company all inventions usable by the Company and all copyrightable material relating to the Company's business which I produce, make or write individually or in collaboration with others. Such disclosure will apply the entire employment period, whether made on Company time or my time and at the expense of the Company. I will assign to the Company all my interest in such inventions or copyrightable material and will assist the company to obtain patents or copyrights on all such material.
3. The above provisions may be transferred by the company to its successors.

Date agreed \_\_\_\_\_ Signature \_\_\_\_\_

**MISC. INFORMATION**

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE.

FOR HUMAN RESOURCES USE ONLY

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_