

APPLICATION FOR EMPLOYMENT

We are Equal Opportunity Employers that do not discriminate on the basis of race, sex, age, disability, national origin, religion, or any other characteristics protected by law.

SECTION ONE: PERSONAL INFORMATION

Last, First and Middle Name:			Preferred First Name
Home Phone Number:	Cell Phone Number:	Work Phone Number:	E-mail Address:
Position Applying For:	Company Name:	Do you want to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Date available to begin work:	
Have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list all names and time frames utilized:</i>			
Current Address:	City/State:	Zip/County:	Dates (Mo/Yr – Mo/Yr):
Previous Addresses for Past 7 Years:	City/State:	Zip/County:	Dates (Mo/Yr – Mo/Yr):

SECTION TWO: EDUCATION

Name of Institution	City/State	Major/Degree	Did You Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION THREE: PROFESSIONAL LICENSES

Type of License	License Number	State Issued	Status	Expiration Date

Please attach a copy of your resume to this Application

SECTION FOUR: PRIOR WORK HISTORY

Give a complete record of your work history. If additional space is needed, attach supplementary sheet(s).

Current or Most Recent Employer:		Telephone Number:	Position:
City/State:		Dates of Employment (Mo/Yr-Mo/Yr):	Rate of Pay - Start to Finish:
Reason for Leaving:			
Supervisor's Name:	Supervisor's Title:	Supervisor's Telephone:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer:		Telephone Number:	Position:
City/State:		Dates of Employment (Mo/Yr-Mo/Yr):	Rate of Pay - Start to Finish:
Reason for Leaving:			
Supervisor's Name:	Supervisor's Title:	Supervisor's Telephone:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer:		Telephone Number:	Position:
City/State:		Dates of Employment (Mo/Yr-Mo/Yr):	Rate of Pay - Start to Finish:
Reason for Leaving:			
Supervisor's Name:	Supervisor's Title:	Supervisor's Telephone:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION FIVE: PROFESSIONAL REFERENCES

Please provide a minimum of three professional references, excluding relatives. Please only list those in a position of responsibility that can judge your work experience, professionalism and reliability. It is imperative that you list accurate contact information. The inability to contact your references will delay the recruitment process.

Name and Occupation	Nature of Relationship	Dates Known	Telephone #	Email address

SECTION SIX: CRIMINAL AND OTHER LITIGATION

If additional space is needed, attach supplementary sheet(s).

- Are you currently or have you within the last 5 years been under any investigation by the SEC, IRS or any other governmental agency? Yes No If yes, describe (include the nature of the investigation, when, where and disposition).

- Are you currently or have you within the last 5 years been subject to any disciplinary action by the SEC (i.e. "bad boy" disqualification), or have you within the past 10 years been convicted of a criminal violation involving (i) any of the securities laws of the United states, or (ii) the SEC? Yes No If yes, describe (include the nature of the action or violation, when, where and disposition).

3. Have you ever been convicted of a crime, including DUI? Yes No If yes, describe (include the nature of the conviction, when, where, court and disposition).

4. Are you currently named as a defendant in any pending litigation? Yes No If yes, describe (include the nature of the litigation, when, where and court).

5. Are you covered under any agreements (i.e. non-compete or non-disclosure agreements from previous employers) that may affect your ability to perform the functions of the position you are applying for or have you pledged or given access to anyone that may have any relationship to your earnings? Yes No If yes, provide details.

SECTION SEVEN: MISCELLANEOUS

1. How did you hear about the position? _____

2. Were you referred to Company by someone? Yes No

Name of referral source: _____

3. List name(s) of any relative(s) who work for Company and your relationship to them.

4. Are you authorized to work in the United States on a full-time basis for all employers or for your current employer only?
 All Employers Current Employer Only

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal for hiring as an employee, or if hired, immediate termination as an employee of the Company.

Any offer I may receive from Company is contingent upon my successful completion of the total pre-screening process, including, without limitation, confirmation or verification of the information provided on this application through a background check and its receipt of references that the Company considers satisfactory. All inquiries on this application are used for identification purposes only in order to conduct a background check and are asked for legitimate nondiscriminatory reasons.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

In consideration of being hired as an employee, I agree to comply with Company policies, rules, regulations, and procedures and understand that my status can be terminated with or without cause or notice, at any time, at the option of either the Company or myself.

Applicant's Signature: _____ Date: _____

Printed Name: _____