

# EMPLOYMENT APPLICATION



## APPLICANT INFORMATION

Last Name:		First:		M.I.:		Date:	
Street Address:						Apartment/Unit #:	
City:			State:		ZIP:		
Phone:			E-mail Address:				
Date Available:			Desired Wage:				
Desired Position:							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a crime? <small>(Answering yes will not necessarily disqualify you.)</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				

## EDUCATION

High School:				Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
College:				Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:				Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				

## PREVIOUS EMPLOYMENT

Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting Salary:	\$	Ending Salary:	\$			
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	\$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	\$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

### MILITARY SERVICE

Branch:	
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

### DISCLAIMER AND SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false or misleading information on this application will constitute cause for dismissal. I understand that withholding information may result in rejection for employment consideration or, if hired, immediate termination of employment.

I understand that employment at One80 Place is "at will", which means that either I or One80 Place can terminate the employment relationship at any time, with or without prior notice, and for no reason or for any reason not prohibited by statute.

Signature:

Date:

## FCRA Authorization to Obtain a Consumer Report

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize One80 Place and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish One80 Place or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please Print Clearly

1. Name (Full): \_\_\_\_\_
2. Maiden Last Name: \_\_\_\_\_
3. List Any Former Names Used: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_
9. Current Street Address: \_\_\_\_\_
10. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
11. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_
12. Name on Driver's License: \_\_\_\_\_

By signing below, you are certifying that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date