

Employment Application

Equal Opportunity Employer
(Please Print Plainly)

Position(s) applied for _____
Were you previously employed by us? _____ If yes, when? _____
If your application is considered favorably, on what date will you be available for work? _____

Personal

Date _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____
No. Street City State Zip

Home Phone # _____ Driver's License # _____

Email Address _____

Are you legally eligible for employment in the U.S.A? Yes _____ No _____ (If yes, verification will be required.)

Are you of the legal age to work? _____

Have you ever been convicted of any crime or offense other than for minor traffic violations? Yes ___ No ___

If "Yes," explain _____

Conviction of a crime is not an automatic disqualification for employment. All factors will be considered.

Have you ever served in the Armed Forces? Yes ___ No ___ Military Occupation _____

Date of duty, from _____ to _____ Branch _____
Month Day Year Month Day Year

Work History

Name and Address of Company and Type of Business	From	To	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						
Email Address:						
Describe the work you did:						
Telephone:						
Email Address:						
Describe the work you did:						
Telephone:						
Email Address:						

I hereby give permission to contact the employers listed above concerning my prior work experience.

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Signature _____

Education

Education	Name & Address	No. Years Attended	Course, Major, or Degree
High School	_____	_____	_____

College	_____	_____	_____

Post Graduate	_____	_____	_____

Other	_____	_____	_____

Other experience or skills you would like to mention: _____

At Least (2) two Personal References:

Name: _____ Phone #: _____

Address: _____ Years Known: _____

Email Address: _____

Name: _____ Phone #: _____

Address: _____ Years Known: _____

Email Address: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and the only in a writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

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EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that prospective employer/current employer and/or VeriScreen, Inc. may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that prospective employer/current employer and/or VeriScreen, Inc. may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences. If hired by the prospective employer I, also, understand that the prospective employer may check all of the above entities on a yearly/quarterly basis or during the process of determining a promotion.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment or promotion is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective employer/current employer and/or VeriScreen, Inc. to furnish any or all of the above mentioned information. In addition, I hereby release VeriScreen, Inc. and prospective employer from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to prospective employer and/or VeriScreen, Inc. the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment, retaining employment, or promotion. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____
Social Security _____ *Date of Birth _____ / _____ / _____
Driver's License # _____ State _____
Current Address _____
City/State/Zip _____
Prospective Employer _____
Applicants Signature _____
** Notary Signature _____ Printed _____
State _____ County _____ Commission Expires _____

* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes. ** Only when requested.