



Employment Application

We welcome your interest in our Company. Applicants are considered carefully, based on available opportunities, job qualifications, abilities and organizational fit. Please answer all questions with as much information as possible – use N/A if not applicable. We are an equal opportunity employer.

Today's Date: _____
For Which Type of Position(s) Are You Interested?

Applicant Information

How did you learn about our company?

- Ad Website or Online Search ME Career Service Employee Referral Business/Friend Referral Walk-In School Other _____

Full Name _____
Last First Middle

Address _____
street city state zip

Email Address _____ Telephone Number () _____ Cell/Pager/number () _____

Social Security # _____ Minimum Salary Requirement \$ _____ Date available to start _____

- If you are under 18, can you provide required verification of your eligibility to work? Yes No N/A
If employed, can you provide required verification of your eligibility to work in the United States? Yes No
If the position requires driving a vehicle, can you provide verification of valid driver's license? Yes No N/A

Have you ever worked for our company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify you for employment.)

If yes, please explain: _____

Schedule Availability

Please tell us when you would be available to work.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	am/pm	Am/pm	An/pm	am/pm	am/pm	am/pm	am/pm
To:	am/pm	Am/pm	Am/pm	am/pm	am/pm	am/pm	am/pm

Are there any hours, shifts or days (including weekends) you cannot or will not work? _____
(Note: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.)

Is there anything that would interfere with your regular attendance and punctuality if you were offered a job? Yes No
If yes, please explain: _____

Work History

(Include Military Service)

May we contact your current employer?

Yes No

Current Employer		Address	Telephone
			E-mail
Date Started	Starting Salary: \$	Starting Position	
Date Left	Salary on Leaving: \$	Ending Position	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	
Previous Employer		Address	Telephone
			E-mail
Date Started	Starting Salary: \$	Starting Position	
Date Left	Salary on Leaving: \$	Ending Position	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	
Previous Employer		Address	Telephone
			E-mail
Date Started	Starting Salary: \$	Starting Position	
Date Left	Salary on Leaving: \$	Ending Position	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	
Previous Employer		Address	Telephone
			E-mail
Date Started	Starting Salary: \$	Starting Position	
Date Left	Salary on Leaving: \$	Ending Position	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

Please explain gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Education/Training

High School:

Number of Years Completed (circle one) 1 2 3 4

Diploma: Yes No **OR** GED: Yes No

School _____ City/State _____

College and/or Vocational Schools:

Number of Years Completed (circle one) 1 2 3 4

School _____ City/State _____

Major _____ Degree Earned _____ Date _____

Number of Years Completed (circle one) 1 2 3 4

School _____ City/State _____

Major _____ Degree Earned _____ Date _____

Additional Training, Licenses or Certifications (date received):

References

Please list the names and information of non-related individuals who could provide information about your suitability for work (For example: teachers, counselors, community or volunteer service leaders, co-workers, former supervisors, professional associates, etc.)

Name _____ Relationship _____
Telephone () _____ E-mail _____ How long have you known him/her? _____

Name _____ Relationship _____
Telephone () _____ E-mail _____ How long have you known him/her? _____

Name _____ Relationship _____
Telephone () _____ E-mail _____ How long have you known him/her? _____

Authorization and Certification

Since employment at this company is based upon mutual agreement, either Computer Solutions or I may terminate employment at any time and for any reason. In consideration of my employment, I accept the rules and policies of Computer Solutions and will obey them. I further acknowledge the right of Computer Solutions to change either my job assignment or my hours of work, or both. I understand that no supervisor, officer, agent, or representative of Computer Solutions, other than its President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of 30 days. If I wish to be considered after 30 days, I must complete a new application for employment.

I grant permission to Computer Solutions to investigate my personal, educational, and work histories thoroughly. In addition, I authorize Computer Solutions to confirm all information that I have given in connection with my application and consideration for employment. I, furthermore, release Computer Solutions and its agents from liability for any acts or omissions occurring during either such investigation or confirmation, or both. I further release any one or more of individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to Computer Solutions' inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that Computer Solutions may deny my application for employment or if employed, that Computer Solutions may terminate my employment because of information obtained during its investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with Computer Solutions, regardless of when, how, or why my employment ends, and regardless of whether Computer Solutions or I terminate my employment, I authorize Computer Solutions to release information about my employment history with Computer Solutions and release Computer Solutions and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job, or both.

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize Computer Solutions' right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information as required in the employee selection process.

Signature _____

Date _____