



## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Are you willing to work swing shift?  Yes  No

Are you willing to work graveyard?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

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### Employment Desired

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here?  Yes  No

When? \_\_\_\_\_  
Where? \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

When? \_\_\_\_\_  
Where? \_\_\_\_\_

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you available for full-time work?  Yes  No

Are you available for part-time work?  Yes  No

Will you relocate?  Yes  No

Are you willing to travel?  Yes  No If yes, what percent? \_\_\_\_\_

Date you can start \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education**

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any scholastic honors received and offices held in school.  
\_\_\_\_\_

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Are you planning to continue your studies?  Yes  No

If yes, where and what courses of study?

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**Employment History (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_.

**BACKGROUND INVESTIGATION AUTHORIZATION**  
*For Permissible Client Screening*

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I, \_\_\_\_\_, understand that in connection with the application process \_\_\_\_\_ hereafter referred to as "*The Company*", will request that Global Data Fusion, LLC., conduct a background check (*consumer report*) on me.

I AUTHORIZE THE COMPANY, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS TO INVESTIGATE MY BACKGROUND AND TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT FOR CLIENT SCREENING PURPOSES. I FURTHER AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY ITS AGENTS, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS, TO FURNISH INFORMATION REQUIRED IN CONNECTION WITH THE PREPARATION OF A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT.

My signature below, indicates I have carefully read and understand this notice and consent to the release of a consumer report to *The Company* for client screening purposes. I understand my consent remains in effect indefinitely until it has been revoked in writing.

**Background Investigation / Consumer Report Authorization**

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

**Background Investigation Disclosure Questionnaire**  
*For Permissible Client Screening*

Please answer the following questions below, only after the authorization is signed on page 1.

*THE COMPANY* pre-screens all applicants. This policy was enacted for the protection of our customers / clients.

**APPLICANT NAME:**

(First) \_\_\_\_\_ / (Middle) \_\_\_\_\_ / (Last) \_\_\_\_\_

SSN#: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

**CURRENT ADDRESS:**

/Street/ \_\_\_\_\_ /City/ \_\_\_\_\_ /State/ \_\_\_\_\_ /Zip/ \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

*(List all previous address in the last 7 years. Use additional pages if necessary.)*

**DRIVER'S LICENSE:** *(number/state)* \_\_\_\_\_ / \_\_\_\_\_

**DATE OF BIRTH<sup>1</sup>:** *(month/date/year)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ City/State \_\_\_\_\_

**DEGREE REC'D:** \_\_\_\_\_ **YEAR GRADUATED:** \_\_\_\_\_

**CURRENT EMAIL ADDRESS(S):** \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Your birth date is needed to process your background investigation. Information regarding your birth date is intended solely for purposes of the background investigation itself and nothing more.

**Background Investigation Disclosure Questionnaire (cont.)**  
*For Permissible Client Screening*

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The information provided by me will be the basis for the search of public records, which will include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, business filings, educational confirmation, articles of incorporation/limited partnership records, and drug test.

I indemnify and hold harmless, *THE COMPANY*, any of its agents, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold *THE COMPANY*, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application (if any) based entirely or in part on the information contained in the background report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to *THE COMPANY* and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, or immediate discharge.

*Applicant Initials* \_\_\_\_\_

BACKGROUND CHECK REQUESTED BY: \_\_\_\_\_ Date \_\_\_\_\_

*(By signing, I authorize that a photocopy or facsimile of this form serves as the original)*