

EMPLOYMENT APPLICATION



The Place To Be!

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discriminating solely on the basis of a person's race, color, national origin, religion, age, sex, marital or veteran status, disability, or other protected class.

Date	Social Security Number
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First Name	Middle Name	Last Name	Preferred Name
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Present Address: Street	City	State	Zip	County
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Previous Address: Street	City	State	Zip	County
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Phone	Age - If under 18
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Are you either a US Citizen or an alien authorized to work in the United States? Yes No

Name of Schools attended, present and previous.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School	Address	Degree	Subject of Specialization
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College/University	Address	Degree	Major / Minor
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Special Training or Skills

Position Applying for:	Salary / Wages expected:
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Are there any hours, shifts or days you cannot work? Please explain.	Can you work any day of the week including weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Part-Time	Date available for work.
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Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What led you to this company for employment?

Relatives employed by this organization.

Were you previously employed by this organization?	Were you previously employed by this organization under a different name?
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Company Name and Phone Number	Address	Dates	Wages	Position & Supervisor	Reason for leaving.

Have you ever been convicted of a misdemeanor or felony? (Conviction will not necessarily disqualify an applicant).
If yes, explain:

Reference: List persons known, but not related to you, for at least three years. Include Name, Person's Title / Business, Phone and Years Known.

Comments:

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I'm employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at the company is "at will" which means that either I or the Company can terminate the relationship at any time with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president, has any authority to alter the foregoing.

DATE: _____ APPLICANT'S SIGNATURE: _____

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AUTHORIZATION TO RELEASE INFORMATION

To: Personnel Department

As an applicant for a position with WIFM / Neighbors, Inc. I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military, and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for thirty days from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature: _____ Date: _____

Witness: _____ Date: _____

Drivers License Number: _____ Date of Birth: _____

****Note:** Medical information concerning employees is specifically protected by law.

AUTHORIZATION TO RELEASE CREDIT INFORMATION

To: Personnel Department

As an applicant for a position with WIFM / Neighbors, Inc. I have been asked to furnish information for use in reviewing my background and qualifications for employment. In this connection, I hereby authorize disclosure of consumer credit report information to WIFM / Neighbors, Inc., (including from any consumer credit reporting agency) in connection with review of my employment application.

Signature: _____ Date: _____

Witness: _____ Date: _____