

- c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_
- d. Automated word processing (specify equipment): \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute
- e. License (to include driver's), certificate or other authorization to practice a trade or profession.  
 Type \_\_\_\_\_ License Number \_\_\_\_\_ Granted by (state issued by and/or licensing board) \_\_\_\_\_

**12. PERSONAL REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

**13. CREDIT REFERENCES**

This can include banks, major credit cards, store credit cards, car loans, rental stores, small loans, etc.:

Credit Grantor	Account Number	Type Account	Balance	Limit	How Long?	Current
			\$	\$		Yes <input type="checkbox"/> : No <input type="checkbox"/>
			\$	\$		Yes <input type="checkbox"/> : No <input type="checkbox"/>
			\$	\$		Yes <input type="checkbox"/> : No <input type="checkbox"/>
			\$	\$		Yes <input type="checkbox"/> : No <input type="checkbox"/>

Have you ever filed for bankruptcy? Yes , \_\_\_\_\_ No : If yes, Chapter 7  or Chapter 13 ?  
 Explain: \_\_\_\_\_

**14. MISCELLANEOUS**

- a. Check which of the following you will accept:  Day  Evening  Night  Rotating  \_\_\_\_\_
- b. Check which job status you would accept:  Full-time  Part-time \_\_\_\_\_
- c. Check which employment status you'd accept:  Salaried  Hourly  Independent Contractor
- d. Are you willing to accept employment that requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere, write "all": \_\_\_\_\_
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Do you have your own vehicle to provide your own transportation for your employment?  Yes  No.
- h. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes:  No: If YES, please provide the Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_; Date of Conviction \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)  
 \*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were fourteen (14) to eighteen (18) when charged.

15. Desired start date? \_\_\_\_\_

16. Anticipated length of employment? \_\_\_\_\_

**17. CERTIFICATION – Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and any attachments are true, complete and correct, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered in connection with this application. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application and authorize Management or their authorized agents to verify all information provided on this application including, but not limited to, obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of this application and at any time in the future, with regard to any agreement entered into with Management. I herewith authorize those contacted to release any and all information necessary with regard to any inquiry about this application. I further authorize Management to rely upon and use, as it sees fit, any information received from such contacts. Any false information shall constitute grounds for rejecting this application, or Management may at any time immediately terminate any agreement entered into, without notice, in reliance upon misinformation given on this application.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_