

APPLICATION FOR EMPLOYMENT

Location applying for:

APPLICANT INFORMATION										
Last Name		First		M.I.		Date				
Present Address				Apartment/Unit #						
City		State		ZIP						
Primary Phone			E-mail Address							
Other address within last 3 years										
				Position Applied for						
Date Available to Start				Salary Desired						
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		Location					
Have you ever applied at this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		Location					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
How did you hear about us?				If referral, who referred you?						
IN CASE OF EMERGENCY NOTIFY										
Name			Phone				Relationship			
PREVIOUS EMPLOYMENT										
Current or most recent Employer										
Employer				Phone						
Address				Supervisor						
Position Held				From	/	To	/			
Reason for Leaving										
	Prior		Prior		Prior					
Employer										
Address										
City, State, Zip										
Phone										
Supervisor										
Position Held										
Dates of Employment	From	To	From	To	From	To				
Reason For Leaving										

EDUCATION

	Name and Location of School	No. Years Attended	Did you graduate?		Subjects Studied
High School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other subjects of special study/research work or special training/skills					

REFERENCES

Name	Phone	Business	Years Known

DISCLAIMER AND SIGNATURE

It is unlawful in the State of Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the companies rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing"

Signature

Date

the Hire Authority, Inc.

Combining 25 years of
employment screening

RELEASE AND AUTHORIZATION

I authorize the Hire Authority, Inc., and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the Hire Authority, Inc.

I understand that during this investigation process and in accordance with the Fair Credit Reporting Act, an investigative and consumer report will be obtained concerning my previous employment, education, general reputation and personal characteristics. Further, I understand that you may be requesting information concerning motor vehicle operations history and criminal record history from various public sources along with other public records that are available.

I release all Courts, Selective Service Boards, Employers, Educational Institutions, Credit Bureaus, Law Enforcement, the Hire Authority, Inc. and Government Agencies, federal, state and local, without exception, both foreign and domestic, from all liability and responsibility.

I authorize that a Photostat of this release be accepted with the same authorization as the original.

NAME _____

ADDRESS _____
Number Street

City State Zip Code

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE ISSUED _____

*DATE OF BIRTH _____

SIGNATURE _____

DATE _____

* Date of birth being requested for accurate record retrieval – (The age discrimination act in the employment act of 1967 prohibits discrimination based on age.)