

The following information is requested so that we may make the best possible placement of employees within the firm. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing the application. The Firm, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, disability, or any other characteristic protected by law.

PLEASE PRINT

(Last)	(First)	(Middle)
NAME		
(Street)		(Home Phone)
ADDRESS		
(City)	(State)	(Zip)
		(Work Phone)
POSITION FOR WHICH YOU ARE APPLYING		(Salary Requirement)

EMPLOYMENT RECORD (Please account for all time over the past five years, listing the most recent job first. Use additional sheets if necessary.)

DATE OF EMPLOYMENT	NAME/ADDRESS OF EMPLOYER AND NAME/TITLE OF SUPERVISOR	JOB TITLE AND RESPONSIBILITY	REASON FOR LEAVING
From To Phone	1.		
From To Phone	2.		
From To Phone	3.		
From To Phone	4.		
From To Phone	5.		

Please indicate by number the employers we may NOT contact and the reason.

EDUCATION: NO. OF YEARS SCHOOL ATTENDED DEGREE MAJOR

HIGH SCHOOL

COLLEGE

OTHER

List special training, skills (including computer software skills), certificates, or licenses you have relative to the job for which you are applying.

List any job-related professional associations in which you participate. DO NOT INCLUDE ANY ASSOCIATIONS THAT WOULD IDENTIFY AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, DISABILITY, MARITAL STATUS, CITIZENSHIP, VETERAN STATUS, OR SEXUAL ORIENTATION.

PERSONAL REFERENCES:

NAME	ADDRESS AND PHONE NUMBER	POSITION/OCCUPATION, FIRM NAME, AND PHONE NUMBER	HOW LONG KNOWN

List the names of relatives employed by the Firm and their relationship to you.

QUESTIONS:

If you are hired, when can you begin work? \_\_\_\_\_

If hired, can you show proof of legal authorization to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Do you have reliable transportation to and from work? Yes No

The hours for this job are regularly 8:00 a.m. to 5:00 p.m., Monday through Friday, (Are you able to comply with this job's attendance schedule?) Yes No

**PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING**

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the firm's managing partner, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test. The examination and the test will be performed at the firm's expense, by the firm's choice of physician.

I authorize the firm to investigate, confirm, and supplement any information contained on this application and to contact former employers unless otherwise stated below.

Signature \_\_\_\_\_

Date \_\_\_\_\_