

**APPLICATION FOR EMPLOYMENT**

(Please Print) Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
           *Last*                  *First*                  *Middle*

Address: \_\_\_\_\_  
                   *No. Street*                          *City*                          *State*                          *Zip*

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Linkedin Public Profile Address: \_\_\_\_\_

Are you 18 years or older?       Yes       No      If hired, can you provide written  
 evidence that you are authorized to work in the U.S       Yes       No

**EDUCATION**

Type	Name/ Location	Course	Years Completed	Degree/ Diploma
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Elementary & Jr. High School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical of Other: \_\_\_\_\_

**EMPLOYMENT RECORD**

Company Name & Address	Kind of Work	Date Started/ Left	Rate of Pay	Reason for Leaving
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1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Type of Work Desired: \_\_\_\_\_ Salary Desired \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Do you have any relatives who are employed by this organization:       Yes       No

Please specify: \_\_\_\_\_

Is there any information we would need about your name or use of another name for us to be able to check your work record:       Yes       No

Please specify: \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, hobbies, etc.

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### U.S MILITARY SERVICE

Branch of Service: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank & Type of Service: \_\_\_\_\_

Training/Experience Received: \_\_\_\_\_

### REFERENCES *(Do not include relatives)*

Name:	Occupation	Years Known	Address
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

## APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand and agree that any claim I may wish to file against the employer or any of its employees or agents regarding my employment or termination of employment (including but not limited to any claim for any tort, discrimination, breach of contract, violation of public policy, or statutory claim for wrong termination) must be submitted for binding and final arbitration before an Alternative Dispute Resolution forum within six months of either the occurrence of which I am complaining or the termination of my employment; whichever occurs first. I specifically agree not to commence any such claim more than six months after the date of termination of my employment and waive any statute of limitations to the contrary.

I understand that this application will be active for a period of sixty days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### APPLICANTS – PEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ RATE \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

RELOCATION INFORMATION \_\_\_\_\_

AGENCY FEE ARRANGEMENTS: \_\_\_\_\_

OTHER COMMITMENTS: \_\_\_\_\_

APPROVED BY (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**AUTHORIZATION FOR RELEASE OF DATA AND RECORDS**

I authorize Joseph Merritt & Company to conduct appropriate checks including, but not limited to, a personal background investigation to determine my eligibility to be employed.

I authorize persons and organizations to release to Joseph Merritt & Company, or its agent, information from former employers, law enforcement agencies, and landlords. I specifically authorize the release of credit information to Joseph Merritt & Company and understand that a credit check will be made.

With my signature, I release and hold harmless anyone who discloses required information, including company owners and any of their directors, officers, employees or agents, from claims arising from, or connected with, disclosures as authorized by this release.

This authorization is executed with the understanding that that data released will be for the official use of Joseph Merritt & Company. A photocopy of this authorization shall be as valid as the original.

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

Printed Name: \_\_\_\_\_

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