

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

## PERSONAL INFORMATION

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Name \_\_\_\_\_ SSN # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alias or  
Maiden Name \_\_\_\_\_

Are you eligible to work in the U.S. ?  Yes  No.  
Have you ever been convicted of a felony ?  Yes  No

If yes, please identify the date of the conviction, the court in which you were convicted, and the felony of which you were convicted.

\_\_\_\_\_  
\*Please note that an affirmative answer to this question will not automatically disqualify you from consideration for employment.

## EMPLOYMENT DESIRED

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Position desired \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you presently employed ? \_\_\_\_\_ Date you can start \_\_\_\_\_

Have you applied to this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you able to perform all the functions of the job for which you are applying, with or without accommodation ?  
 Yes, without accommodation  Yes, with accommodation  No

If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation. \_\_\_\_\_

## EDUCATION

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	NAME AND ADDRESS	# OF YEARS ATTENDED	DEGREE/ MAJOR	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
GRADUATE OR TRADE SCHOOL				

## SKILLS

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Summarize any training, skills, licenses, and/or certificates that may qualify you to perform job-related functions.

\_\_\_\_\_  
\_\_\_\_\_  
The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex, or national origin.  
The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least forty years of age.  
The Americans with Disabilities Act prohibits discrimination based on disabilities.  
The laws of some States also prohibit some or all of the above types of discriminations as well as some additional types of discrimination.

**WORK HISTORY** (Most recent job first)

NAME, ADDRESS AND PHONE OF EMPLOYER	DATES FROM	TO	NAME AND TITLE OF SUPERVISOR	POSITION HELD & RESPONSIBILITIES	SALARY	REASON FOR LEAVING
Phone:						
Phone:						
Phone:						
Phone:						

**BUSINESS REFERENCES**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 (ex: supervisor, coworker, etc.)

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

I understand in filling out this application that this company is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct and complete. I understand and agree that any misrepresentation or false statement on this application shall be considered sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me, if discovered any time after I begin employment. I authorize Marketing Innovators to investigate any of the information contained on this application and verify the accuracy of all information provided by me on this application, my resumé or in the job interview. I understand that any offer of employment will be conditioned upon satisfactory completion of a background check. If hired, I agree to conform with the rules and regulations of the employer. I further agree and understand that either the employer or myself may terminate my employment and compensation at any time, with or without cause, and with or without notice. If hired, I agree and understand that my employment will be on an at-will basis and that no contract of employment will exist between myself and the employer unless it is in writing and signed by the CEO of the Company and myself. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. My signature on this form certifies that I have read, fully understand and accept all terms of the foregoing Application For Employment.



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

**Print completed form and fax to (847) 696-3194.**