

## 4.0 Forms

### Employment Application

|   |                      |                           |  |                               |
|---|----------------------|---------------------------|--|-------------------------------|
| <b>Last Name</b>                              |                      | <b>First</b>              | <b>Middle</b>  | <b>Maiden</b>                 |
| <b>Present Address (Number and Street)</b>    |                      |                           |  | <b>Apt. # (if applicable)</b> |
| <b>City</b>                                   |                      | <b>State</b>              | <b>Zip Code</b>  |                               |
| <b>How long at this address?</b>              | <b>Email Address</b> |                           | <b>Driver's License Number</b>                           |                               |
| <b>Home Phone</b>                             | <b>Cell Phone</b>    |                           | <b>Fax #</b>   |                               |
| <b>Previous Address (Number &amp; Street)</b> |                      | <b>City</b>               | <b>State</b>   | <b>Zip Code</b>               |
| <b>How long at this address?</b>              |                      |                           | <b>Are you 18 years or older?</b>                        |                               |
|   |                      |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| <b>Position Applied for</b>                   |                      | <b>Salary Desired (be</b> | <b>F foreign Language(s) spoken</b>                      |                               |
|   |                      |                           |  |                               |

Are you a citizen of the United States? .....  Yes    No

If no, do you have the legal right to work in the US? .....  Yes    No

Have you ever been employed by Assured & Associates? .....  Yes    No

Do you have any family member(s) currently working for Assured & Associates? .....  Yes    No

#### Days/hours available to work:

Any time \_\_\_\_\_  
  Monday \_\_\_\_\_  
  Tuesday \_\_\_\_\_  
  Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
  Friday \_\_\_\_\_  
  Saturday \_\_\_\_\_  
  Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_   Shift preference:  Day    Night

| EMERGENCY CONTACT |              |         |                |
|-------------------|--------------|---------|----------------|
| Name              | Relationship | Phone # | Second Phone # |
|                   |              |         |                |

|                       |
|-----------------------|
| <b>FOR OFFICE USE</b> |
| Date of Hire:         |

Employment desired:  PRN (as needed)  Part-time  Full-time

**EDUCATION**

| Type of                  | Name of School | School Address | Number Year Complet | Major & |
|--------------------------|----------------|----------------|---------------------|---------|
| High School              |                |                |                     |         |
| College                  |                |                |                     |         |
| Business or Trade School |                |                |                     |         |

**5 Years Work History (required)**

| Name of                     | Address     | Position      | Supervisor's Name   | Reason for Leaving |
|-----------------------------|-------------|---------------|---------------------|--------------------|
|                             |             |               |                     |                    |
| <b>Length of Employment</b> |             | <b>Salary</b> | <b>Telephone No</b> |                    |
| <b>Begin:</b>               | <b>End:</b> |               |                     |                    |

| Name of                     | Address     | Position      | Supervisor's        | Reason for Leaving |
|-----------------------------|-------------|---------------|---------------------|--------------------|
|                             |             |               |                     |                    |
| <b>Length of Employment</b> |             | <b>Salary</b> | <b>Telephone No</b> |                    |
| <b>Begin:</b>               | <b>End:</b> |               |                     |                    |

| Name of                     | Address     | Positi        | Supervisor's        | Reason for |
|-----------------------------|-------------|---------------|---------------------|------------|
|                             |             |               |                     |            |
| <b>Length of Employment</b> |             | <b>Salary</b> | <b>Telephone No</b> |            |
| <b>Begin:</b>               | <b>End:</b> |               |                     |            |

| Name of | Address | Positi | Supervisor's | Reason for |
|---------|---------|--------|--------------|------------|
|         |         |        |              |            |

| Length of Employment |      | Salar | Telephone |  |
|----------------------|------|-------|-----------|--|
| Begin:               | End: |       |           |  |

| Name of              | Address | Position | Supervisor's | Reason for Leaving |
|----------------------|---------|----------|--------------|--------------------|
|                      |         |          |              |                    |
| Length of Employment |         | Salary   | Telephone No |                    |
| Begin:               | End:    |          |              |                    |

If needed, please use blank paper for additional comments.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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List two references other than relative or previous employers

| Name       |            |  |
|------------|------------|--|
|            |            |  |
| Address)   |            |  |
|            |            |  |
| Home Phone | Cell Phone |  |
|            |            |  |

| Name       |            |  |
|------------|------------|--|
|            |            |  |
| Address)   |            |  |
|            |            |  |
| Home Phone | Cell Phone |  |
|            |            |  |

## Medical History

Please complete the following questions by ticking the appropriate box. If the answer is “yes,” give details including (i) date, (ii) amount of time lost from work/school, (iii) treatment, as appropriate.

Have you ever suffered from any of the following illness?