

# EMPLOYMENT APPLICATION

***The Employer Group is an equal opportunity employer.  
Please complete all information as completely and accurately as possible.  
This application will be considered current and active for 30 days from today's date.***

**Please Type or Print Clearly:**

Full Name:	Social Security Number:
Have you ever attended school or worked under a different name? <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Home Address:	
Telephone Number:	Best time to call:
E-mail Address:	

### EMPLOYMENT DESIRED

Position applying for:	Date you can start:	Salary desired:
Where did you hear about this opportunity?		
Days and Times available for work:		

### GENERAL INFORMATION

Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes (a yes answer does not necessarily bar you from employment). If Yes, list <b>all</b> convictions, including the date and state in which the conviction occurred, on a separate sheet of paper. Failure to list all convictions may result in the rejection of your application or termination of your employment if you are employed by The Employer Group.
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (may be required for some jobs)
List any professional designations you hold:
List any foreign languages which you can speak fluently: <span style="float:right">Read/write fluently:</span>
Have you ever worked for The Employer Group before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list dates and client company:

### EDUCATION

Name and Location of School	How Many Years Completed?	Did You Graduate?	Subjects Studied/ Degrees Received
High School			
Trade, technical, junior college			
College			
Post-graduate			

### MILITARY SERVICE

Have you ever been in the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates:
Branch: <span style="float:right">Rank:</span>
Are you currently in the National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes

**EMPLOYMENT HISTORY**

*List your most recent employment first—writing “see resume” is not acceptable for completing this section.*

Dates of Employment	Employer	Position and Description of Responsibilities	Reason for Leaving

If currently employed, may we contact your current employer?  Yes  No

Have you ever been fired from a job or asked to resign?  Yes  No

**REFERENCES**

*Supervisory References Preferred. Please do not list relatives as references.*

Name	Occupation	Years Known	Phone Number

**Please list any other information you feel would be useful to us in consideration of your application:**

**APPLICANT’S STATEMENT—PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

I understand that The Employer Group follows an “employment-at-will” policy, in that I or the employer may terminate my employment at any time, within applicable state or federal law. No one other than the President of the employer is authorized to offer or enter into an employment contract for a guaranteed length of time. This application does not constitute a contract or guarantee of employment.

I understand that the employer may thoroughly investigate my work and educational history and verify all information given on this application. Any omissions or misrepresentations by me on this application may result in my rejection for the position or, if already employed, my termination. I voluntarily and knowingly release from liability any person or organization that provides information pertaining to me or my employment.

I understand that The Employer Group is a professional employer organization and that my actual work location will be at a client worksite, which will jointly employ me, unless this application is for a corporate position with The Employer Group.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date