

Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.: Date of Birth:

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Can you provide evidence of your identification and authority to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

A conviction record will not necessarily eliminate employment. Factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation, will be taken into account.

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimers

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

RELEASE OF INFORMATION

MRBRAZ & Associates, PLLC, in considering my application for employment, may verify the information in this application and obtain additional background information. I authorize all persons, schools, companies and law enforcement agencies to supply any information concerning my background that they may have personal or otherwise and I release all such parties from liability from any damage which may result from furnishing such information to the company.

If you have read and understand the statement above, please sign here _____

DRUG SCREENING POLICY AND STATEMENT

I understand that MRBRAZ & Associates, PLLC requires a drug screening test as a part of its selection and hiring process. I also understand that such drug screening will consist of the taking of urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the results do not indicate a satisfactory specimen and negative results, I will be disqualified from further consideration for employment. I give my consent to MRBRAZ & Associates, PLLC to administer any drug screening procedures to me, and to use the results in further determining my employment. I acknowledge and agree that I will be subject to drug screening upon reasonable suspicion as a condition of my employment.

If you have read and understand the statement above, please sign here _____

CONDITIONS OF EMPLOYMENT

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree to conform to the rules and regulations of MRBRAZ & Associates, PLLC and understand that if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time at the option of either MRBRAZ & Associates, PLLC or myself.

If you have read and understand the statement above, please sign here _____

REASONABLE ACCOMODATION

Any applicant with a disability who need reasonable accommodation in any step of the hiring process to help him or her to demonstrate his or her qualifications to perform the duties of the job for which the individual is applying, may so request such accommodation at any time during the employment process.

I understand that this application is good for sixty (60) days from today's date. If I still desire a position after this application expires, it will be my duty to fill out a new application and file it with MRBRAZ & Associates, PLLC

I certify by my signature that the information contained in this application is true and correct.

Signature: _____ Date: _____