



EMPLOYMENT APPLICATION

EMPLOYMENT APPLICATION					
LAST NAME			FIRST	MIDDLE	CELL: EMAIL:
STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
PLEASE LIST PREVIOUS ADDRESS IF YOU HAVE BEEN AT THE ABOVE ADDRESS FOR LESS THAN 7 YEARS:					
STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
LAST 4 DIGITS OF SOC. SEC. No..		ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST ALL OTHER NAMES THAT YOU HAVE USED INCLUDING BUT NOT LIMITED TO ALL OTHER NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL:					
ARE YOU A U.S. CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICES TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER HAD A PROFESSIONAL LICENSE REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAVE YOU APPLIED FOR A POSITION WITH ANY OFFICE OF THIS COMPANY BEFORE? <input type="checkbox"/> YES IF YES, WHEN? MONTH ____ YEAR ____ POSITION: _____ LOCATION: _____ <input type="checkbox"/> NO	
POSITION AND LOCATION			SALARY/ HOURLY RATE DESIRED		
LIST PC SKILLS/SOFTWARE:				MANNER OF INTRODUCTION (I.E., JOB BOARD, AGENCY, ETC.)	

AVAILABILITY:
WHAT TIME ARE YOU AVAILABLE EACH DAY OF THE WEEK? PLEASE ENTER YOUR AVAILABLE START AND END TIMES IN THE BOXES BELOW.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

ARE YOU APPLYING FOR A SEASONAL OR TEMPORARY POSITION?
 YES NO

EDUCATION:

	# YEARS COMPLETED	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE? YES	DEGREE
HIGH SCHOOL/GED					
COLLEGE					
GRADUATE SCHOOL					
OTHER (INCLUDES MILITARY TRAINING)					

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Employment History

DATE		NAME, ADDRESS AND PHONE NUMBER OF CURRENT AND PREVIOUS EMPLOYERS (INCLUDING MILITARY EXPERIENCE)	POSITION	SALARY	REASON FOR LEAVING
FROM Mo/Yr	TO Mo/Yr				
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			
		NAME PHONE			
		ADDRESS CITY STATE ZIP			
		DIRECT SUPERVISOR'S NAME CURRENT PHONE NUMBER			

DATE

APPLICANT SIGNATURE

INTERVIEWER



Applicant Authorization for Criminal Background Check and Release of Records

During the employment application process and at any time while employed by Opitz & Associates, I hereby authorize Opitz & Associates to procure a National Criminal Background Check.

This report may be compiled with information from multiple criminal record sources including:

- Department of Corrections prison, parole and release files
- Administrative Office of Court Records
- State Criminal Records repositories
- Individual county court records
- Sex Offender Registries
- ChoicePoint proprietary criminal record data
- Any other source required to verify information that I have voluntarily supplied

I understand that if for any reason the information provided to Opitz & Associates causes my employment application to be rejected, my offer of employment to be rescinded, or my employment with Opitz & Associates to be terminated, I may obtain a free copy of the report within 60 days and I have the right to dispute the accuracy of the information with Opitz & Associates.

Applicant Signature _____
Date

Print Name

Social Security Number: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____