

Sellati & Co., Inc.

APPLICATION FOR EMPLOYMENT

DATE: _____

PROGRAM SITE FMTC WMTC RMTD VBMC RPMC GRC _____ _____ _____

NAME _____ Social Security # _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE NO _____ ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

Email: _____

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRE
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ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	REFERRED BY
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EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED	YEAR YOU GRADUATED?	DATE OF GRAD	SUBJECTS STUDIED
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HIGH SCHOOL _____

COLLEGE _____

UNIVERSITY _____

OTHER SCHOOL _____

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK? YES NO

PROFESSIONAL ORGANIZATIONS RELEVANT TO POSITION: _____

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES?
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HAVE YOU EVER OR DO YOU NOW USE ANY DRUGS REGULARLY? ILLICITLY?	IF YES, PLEASE DESCRIBE
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HAVE YOU EVER BEEN CONVICTED OF OR HAVE CHARGES PENDING FOR ANY OFFENSE?	IF YES, PLEASE DESCRIBE:
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EMERGENCY INFORMATION

IN CASE OF EMERGENCY NOTIFY _____
(Name) (Relation) (Address) (Phone)

NOTICE OF INFORMED CONSENT

A REQUIREMENT OF EMPLOYMENT IS THAT EMPLOYEES SHALL SIGN CONSENT FORMS RELATED TO CONFIDENTIALITY LAWS, STAFF DRUG TESTING, AND LAW ENFORCEMENT BACKGROUND CHECK.

"I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT" SIGNATURE _____

FORMER EMPLOYERS (List below at least three former employers starting with the most recent)

DATE MONTH / YR	NAME AND ADDRESS	PHONE NUMBER	MAY WE CALL?	SALARY	POSITION	REASON FOR LEAVING
From						
To						
From						
To						
From						
To						
From						
To						

PROFESSIONAL REFERENCES (Give the names and phones numbers of at least two professional references. This may be for either paid or volunteer work)

	NAME OF COMPANY OR ORGANIZATION	POSITION HELD	TELEPHONE	CONTACT PERSON	TITLE
1.					
2.					
3.					

PERSONAL REFERENCES (Give the names and phones numbers of at least two persons not related to you that have known you personally for at least two years and are able to give a character reference)

	NAME	TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED
1.				
2.				

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained here in and references listed above to give you any and all information concerning my previous employment and any and all information they may have and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

DATE _____ SIGNATURE OF APPLICANT _____

* * * FOR OFFICE USE ONLY * * *

INTERVIEWED BY _____ DATE _____

REMARKS:

NEATNESS _____ ABILITY _____

HIRED? YES NO DATE REPORTING TO WORK _____ SALARY / WAGE RANGE _____

INTERVIEWER SIGNATURE

