

Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____				
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long _____		Social Security No. _____ - _____ - _____		
Telephone (____) _____		Date of Birth _____		
If under 18, please list age _____				
Position applied for (1) _____		Days/hours available to work		
and salary desired (2) _____		No Pref _____ Thur _____		
(Be specific)		Mon _____ Fri _____		
		Tue _____ Sat _____		
		Wed _____ Sun _____		
How many hours can you work weekly? _____			Can you work nights? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work? _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Did someone at CRMI refer you? _____

Referral: _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Confidential Records Management, Inc.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Confidential Records Management, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /CEO of the Company. Both the undersigned and Confidential Records Management, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify employment history. It may also include, but not be limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment, volunteer service, or promotion, I hereby authorize Confidential Records Management, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report to be generated for the above said purposes.

I understand the scope of the consumer report may include, but is not limited to the following areas:

Verification of social security number, current and previous residences, employment history, including all personnel files; education, including transcripts; character references; credit history and reports; criminal history records depicting arrests or convictions relating to alcohol, drugs, fraud, misrepresentations of funds or property, deceit, or any felony from various federal, state, county, and other agencies, including public and private sources, birth records, motor vehicle records, to include traffic citations and registration.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration, Worker's compensation and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Confidential Records Management, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received legally from other sources.

I hereby release Confidential Records Management, Inc., any individual, company, firm, corporation or public agency, its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand and agree that if I am employed, that this authorization is valid during the course of my employment and serves as continuing authorization for future verifications associated with continued employment or promotion to the extent permitted by law. I also understand that I have the right to revoke the authorization at any time provided I do so in writing.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original and is valid for all federal, state, county and local agencies and authorities both public and private.

I certify that I have made true, correct, and complete answers and statements on my employment application, supplements, and in any interviews with the knowledge that they will be relied upon in considering my application for employment. I understand and agree that any omission, false statement, misleading statement, or answers made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

PERSONAL INFORMATION SECTION

Date of Birth: _____

Social Security Number: _____

Last Name First Name Middle Initial

OTHER NAMES USED (INCLUDING MAIDEN) Years Used

DRIVER'S LICENSE NUMBER: _____ State _____

CURRENT ADDRESS:

Address City State Zip Dates of residence

ADDRESSES FOR THE PAST SEVEN YEARS:

Address City State Zip Dates of residence