



Bureau of Account Management

## Application for Employment

Conditions of employment are stated at the end of this form.  
Please read carefully before you sign this application.  
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

| PERSONAL   |                       |                        |                     |
|--|-----------------------|------------------------|---------------------|
| PLEASE PRINT USING BALLPOINT PEN   |                       |                        |                     |
| FULL NAME  | FIRST MIDDLE LAST     | SOCIAL SECURITY NUMBER |                     |
| PRESENT ADDRESS  | STREET CITY STATE ZIP | HOW LONG               | HOME TELEPHONE #    |
| PREVIOUS ADDRESS   | STREET CITY STATE ZIP | HOW LONG               | MESSAGE TELEPHONE # |
| IF NO PHONE, HOW MAY WE CONTACT YOU?   |                       |                        |                     |
| ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS?<br>[ ] YES [ ] NO<br>IF YES, NAME OF RELATIVE: |                       |                        |                     |
| HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?<br>[ ] YES [ ] NO<br>IF YES, WHERE? APPROXIMATE DATE: MO/YR.     |                       |                        |                     |
| HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE?<br>[ ] YES [ ] NO<br>IF YES, WHERE? APPROXIMATE DATE: MO/YR.    |                       |                        |                     |
| HOW WERE YOU REFERRED:   |                       |                        |                     |

| GENERAL INFORMATION  |  |
|--|--|
| ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [ ] YES [ ] NO |  |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [ ] YES [ ] NO<br>IF YES, PLEASE EXPLAIN:  |  |



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## PLEASE CHECK SCHEDULE AVAILABILITY:

☐ I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days. (Complete Section B.)

☐ I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

☐ Student ☐ Other Job ☐ Other (explain) \_\_\_\_\_

| B. HOURS AVAILABLE | MON  | TUE  | WED  | THUR   | FRI  | SAT  | SUN  |
|--------------------|--|--|--|--|--|--|--|
| FROM               | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. |
| TO                 | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. | <input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. |

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.**

|               |                          |
|---------------|--------------------------|
| WAGE EXPECTED | DATE AVAILABLE FOR WORK? |
|---------------|--------------------------|

## EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

|                                 |                 |                  |                    |                             |   |
|---------------------------------|-----------------|------------------|--------------------|-----------------------------|---|
| <b>1</b>                        | <b>EMPLOYER</b> | FROM<br>MO. YR.  | STARTING<br>SALARY | JOB TITLE                   | REASON FOR LEAVING<br>(Please Explain)  |
| NAME OF COMPANY                 |                 |                  | \$                 | DESCRIBE YOUR<br>JOB DUTIES |   |
| ADDRESS                         |                 | TO<br>MO. YR.    | ENDING<br>SALARY   |                             |   |
| CITY, STATE, ZIP                |                 |                  | \$                 |                             |   |
| PHONE NO.                       |                 | TYPE OF BUSINESS |                    |                             | NAME & TITLE OF IMMEDIATE SUPERVISOR  |
| EXPLAIN ANY PERIOD BETWEEN JOBS |                 |                  |                    |                             |   |
|                                 |                 |                  |                    |                             | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>2</b>                        | <b>EMPLOYER</b> | FROM<br>MO. YR.  | STARTING<br>SALARY | JOB TITLE                   | REASON FOR LEAVING<br>(Please Explain)  |
| NAME OF COMPANY                 |                 |                  | \$                 | DESCRIBE YOUR<br>JOB DUTIES |   |
| ADDRESS                         |                 | TO<br>MO. YR.    | ENDING<br>SALARY   |                             |   |
| CITY, STATE, ZIP                |                 |                  | \$                 |                             |   |
| PHONE NO.                       |                 | TYPE OF BUSINESS |                    |                             | NAME & TITLE OF IMMEDIATE SUPERVISOR  |
| EXPLAIN ANY PERIOD BETWEEN JOBS |                 |                  |                    |                             |   |
|                                 |                 |                  |                    |                             | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>3</b>                        | <b>EMPLOYER</b> | FROM<br>MO. YR.  | STARTING<br>SALARY | JOB TITLE                   | REASON FOR LEAVING<br>(Please Explain)  |
| NAME OF COMPANY                 |                 |                  | \$                 | DESCRIBE YOUR<br>JOB DUTIES |   |
| ADDRESS                         |                 | TO<br>MO. YR.    | ENDING<br>SALARY   |                             |   |
| CITY, STATE, ZIP                |                 |                  | \$                 |                             |   |
| PHONE NO.                       |                 | TYPE OF BUSINESS |                    |                             | NAME & TITLE OF IMMEDIATE SUPERVISOR  |
| EXPLAIN ANY PERIOD BETWEEN JOBS |                 |                  |                    |                             |   |
|                                 |                 |                  |                    |                             | MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |



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|                                 |                 |                  |                          |   |
|---------------------------------|-----------------|------------------|--------------------------|---|
| PHONE NO.                       |                 | TYPE OF BUSINESS |                          |   |
| EXPLAIN ANY PERIOD BETWEEN JOBS |                 |                  |                          | MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO |
| <b>4</b> EMPLOYER               | FROM            |                  | STARTING SALARY          | REASON FOR LEAVING (Please Explain)     |
|                                 | MO.             | YR.              |                          |   |
|                                 | NAME OF COMPANY |                  | DESCRIBE YOUR JOB DUTIES |   |
|                                 | ADDRESS         |                  |                          |   |
| CITY, STATE, ZIP                |                 | TO               | ENDING SALARY            | NAME & TITLE OF IMMEDIATE SUPERVISOR    |
|                                 |                 | MO.              | YR.                      |   |
| PHONE NO.                       |                 | TYPE OF BUSINESS |                          |   |
| EXPLAIN ANY PERIOD BETWEEN JOBS |                 |                  |                          | MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO |

| EDUCATION                |                            |               |                           |                |        |
|--------------------------|----------------------------|---------------|---------------------------|----------------|--------|
| EDUCATION TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | CIRCLE LAST YEAR ATTENDED | GRADUATED      | DEGREE |
| HIGH SCHOOL              |                            |               | 9 10 11 12                | [ ] YES [ ] NO |        |
| COLLEGE                  |                            |               | 1 2 3 4                   | [ ] YES [ ] NO |        |
| COLLEGE                  |                            |               | 1 2 3 4                   | [ ] YES [ ] NO |        |
| GRADUATE SCHOOL          |                            |               | 1 2 3 4                   | [ ] YES [ ] NO |        |
| BUSINESS. TRADE OTHER    |                            |               | 1 2 3 4                   | [ ] YES [ ] NO |        |

| ADDITIONAL EXPERIENCE OR QUALIFICATIONS   |
|---|
| List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. |
| Please indicate any prior military service which you would like considered in connection with your application for employment.  |
|   |
|   |

| ATTENDANCE AND PUNCTUALITY INFORMATION  |
|---|
| Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [ ] YES [ ] NO |
| If Yes, please explain  |
|   |
|   |
|   |

| PERSONAL OR BUSINESS REFERENCES |      |                               |
|---------------------------------|------|-------------------------------|
| <b>1</b>                        | NAME | OCCUPATION BUSINESS PHONE ( ) |
| HOME ADDRESS HOME PHONE ( )     |      | TITLE RELATIONSHIP            |
| CITY AND STATE (ZIP)            |      | HOW LONG KNOWN                |



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|                                |      |                                  |
|--------------------------------|------|----------------------------------|
| <b>2</b>                       | NAME | OCCUPATION BUSINESS PHONE<br>( ) |
| HOME ADDRESS HOME PHONE<br>( ) |      | TITLE RELATIONSHIP               |
| CITY AND STATE (ZIP)           |      | HOW LONG KNOWN                   |

### NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_