



## EMPLOYMENT APPLICATION

### Notice to Applicants

This employer complies with the American with Disabilities Act of 1990. We will not use the information on this application to discriminate against any individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation, or disabilities.

### GENERAL INFORMATION

Position Desired: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Are you 18 years of age or older? Yes  No

Have you since the age of 18, ever been convicted of a misdemeanor or felony? (Note: A conviction will not necessarily bar you from employment.) Yes  No

### EMPLOYMENT HISTORY

List the last three positions you have held, beginning with most recent. All information must be completed, even if you are submitting a resume.

| Date  | Month/Year | Name and Address of Employer | Position | Supervisor & Title | Phone# | Rate of Pay   |
|-------|------------|------------------------------|----------|--------------------|--------|---------------|
| From: |            |                              |          |                    |        | Beginning Pay |
| To    |            |                              |          |                    |        | Ending Pay    |

Reason for Leaving: \_\_\_\_\_  
 May we contact? Yes  No  If No, explain \_\_\_\_\_

|      |  |  |  |  |  |               |
|------|--|--|--|--|--|---------------|
| From |  |  |  |  |  | Beginning Pay |
| To   |  |  |  |  |  | Ending Pay    |

Reason for Leaving: \_\_\_\_\_  
 May we contact? Yes  No  If No, explain \_\_\_\_\_

|      |  |  |  |  |  |               |
|------|--|--|--|--|--|---------------|
| From |  |  |  |  |  | Beginning Pay |
| To   |  |  |  |  |  | Ending Pay    |

Reason for Leaving: \_\_\_\_\_  
 May we contact? Yes  No  If No, explain \_\_\_\_\_

| EDUCATION        |                 |                 |               |
|------------------|-----------------|-----------------|---------------|
|                  | Name & Location | Course of Study | Degree Earned |
| High School      |                 |                 |               |
| College          |                 |                 |               |
| Technical School |                 |                 |               |
| Other            |                 |                 |               |

| Professional References   |              |              |
|---|--------------|--------------|
| List names and telephone number of three <b>business/work</b> references. |              |              |
| Name  | Relationship | Phone Number |
| 1   |              |              |
| 2   |              |              |
| 3   |              |              |

**CERTIFICATION AND AGREEMENT**

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omissions or misleading statements, I agree that my employers shall not be held liable in any respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CoAdvantage

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, including contract for services, with CoAdvantage (the "Company"), I authorize the Company and their representative agents to solicit information about my background including about my employment, education, driving record, and criminal record.

I release the Company, their representative employees, agents, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AVAILABILITY:**

|           | MORNING                  | AFTERNOON                | EVENING                  |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |