

Your Work Experience

_____/_____/_____ to ____/____/____
Present/Last Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

_____/_____/_____ to ____/____/____
Past Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

_____/_____/_____ to ____/____/____
Past Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

_____/_____/_____ to ____/____/____
Past Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

_____/_____/_____ to ____/____/____
Past Employer Type of Organization Start Date End Date

Address Phone Salary

Job Title Supervisor May We Contact? Yes No

Reason For Leaving

Professional Information (if applicable)

License Description _____ License Number _____
Effective Date _____ Expiration _____

Registry or Certification _____ Registration No. _____
Effective Date _____ Expiration _____

Other _____

Your Education & Training

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School		X		
Business or Tech School				
Colleges				
Other Training (Explain)				

Academic or Other Awards or Achievements

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your-education or qualifications for the position*)

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Date ____/____/____/ Description _____

Additional Qualifications

(Special technical, computer, or individual skills that would qualify you for the position*)

Description _____

Description _____

Description _____

Description _____

U.S. Military Service

Branch _____ Rank at Discharge _____ Dates of Service ____/____/____ to ____/____/____

Duties _____ Honorable Discharge? Yes No

* Exclude those that would indicate race, color, religion, national origin, disability or age.

Please Read Carefully

If you have any questions regarding this statement or have need of special assistance in regard to applying for this position, please ask the person who provided you with this application. This application will be given every consideration, but acceptance does not guarantee that the applicant will be hired. Your application will be considered active for a period of 360 days from the date received.

I certify that information provided in this application and/or accompanying resume is true and complete. I acknowledge that any misrepresentation, falsification, or omission may be grounds for rejection of my application; or if discovered after I am employed, such misrepresentation, falsification, or omission may result in termination of my employment.

I also understand that the information supplied by me, included but not limited to, my employment history, education, criminal history, motor vehicle record, residence history, and references, will be utilized as part of the processing procedures. I understand that a background investigation may be conducted to verify the veracity of the information submitted and to develop information concerning my character, general reputation, personal characteristics, and mode of living. I hereby authorize Zidan Management Group, the worksite employer, and their agents to make a thorough investigation of my past employment companies and corporations supplying that information. I release and indemnify Zidan Management Group, the worksite employer and their agents, against any and all claims, suits, and causes of actions, liability, and damages associated with or arising in any way from such investigations.

I understand that I may be required to undergo a physical examination and drug/alcohol screen by a medical facility selected by Zidan Management Group and the worksite employer as a condition of my employment. I further understand I must successfully pass the drug/alcohol screen and be judged to be physically able to perform the essential job functions, with reasonable accommodations if necessary, to be considered for employment.

I hereby release Zidan Management Group, the worksite employer, including all of their offices, agents, representatives, and employees, from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to this physical examination and drug/alcohol screen.

In consideration of my employment, I agree that my employment and compensation are "at will" and for no definite or determinable period, and can be terminated with or without cause or notice, at any time, at the option of the Company or myself. I agree that neither this application nor any other personnel form (i.e. guidebook, benefit enrollment forms, etc.) constitutes an employment contract, express or implied, with the Company. No promise or representations contrary to the foregoing are binding on the Company unless made in writing and approved in writing by the Company's president.

Signature of Applicant _____ Date _____

Internal Office Use

References

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Date _____ Organization _____ Contact _____

Information Obtained or Verified _____

Criminal Background Check Performed? Yes or No

Date Performed _____ Type of Check _____

Eligible for Hire? Yes or No

Position Title _____ Location _____

Starting Date _____

Hiring Rate _____ Level _____ Step: _____