



APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____
FIRST MIDDLE LAST

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____ SS # _____

PHONE # _____ (CELL / HOME)

POSITION DESIRED: _____ SALARY DESIRED: _____

Can you perform the essential functions of the position for which you are applying? YES / NO

() If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question).

When would you be able to begin work? _____

Are you legally eligible to be employed in the United States? YES / NO
(Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years? YES / NO
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of any law violation, plead guilty or no contest to any felony or misdemeanor within the last 7 years? YES / NO If yes, please explain:
(A conviction will not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of crime and rehabilitation will be considered.)

Have you ever worked for this company before? YES / NO
If yes, where? _____ Where (give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the company? YES / NO
If yes, who and where do they work: _____

Are you currently employed? YES / NO If yes, may we contact your employer? YES / NO
If currently employed, why are you considering leaving? _____

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you applying? YES / NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

PLEASE PROVIDE AVAILABILITY TO WORK:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							



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EDUCATION

	NAME OF SCHOOL	LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DIPLOMA / DEGREE RECIEVED
HIGH SCHOOL					
COLLEGE					
VOCATIONAL / TRADE SCHOOL					
GRADUATE SCHOOL					

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES / NO if yes, please describe: _____

List academic honors, extracurricular activities, offices held etc., in high school or college. (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) _____

EMPLOYMENT

Start with your present or most recent position

NAME OF EMPLOYER:		TELEPHONE NUMBER			
ADDRESS: (STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME & TITLE			
DATES EMPLOYED: FROM MONTH /DAY / YEAR	TO MONTH / DAY / YEAR	RATE OF PAY: START		RATE OF PAY: ENDING	
DESCRIBE THE WORK PERFORMED: _____ _____ _____ _____					
NAME OF EMPLOYER:		TELEPHONE NUMBER			
ADDRESS: (STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME & TITLE			
DATES EMPLOYED: FROM MONTH /DAY / YEAR	TO MONTH / DAY / YEAR	RATE OF PAY: START		RATE OF PAY: ENDING	
DESCRIBE THE WORK PERFORMED: _____ _____ _____ _____					
NAME OF EMPLOYER:		TELEPHONE NUMBER			
ADDRESS: (STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME & TITLE			



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DATES EMPLOYED: FROM MONTH /DAY / YEAR	TO MONTH / DAY / YEAR	RATE OF PAY: START	RATE OF PAY: ENDING
DESCRIBE THE WORK PERFORMED: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
NAME OF EMPLOYER:		TELEPHONE NUMBER	
ADDRESS: (STREET, CITY, STATE & ZIP)		SUPERVISOR'S NAME & TITLE	
DATES EMPLOYED: FROM MONTH /DAY / YEAR	TO MONTH / DAY / YEAR	RATE OF PAY: START	RATE OF PAY: ENDING
DESCRIBE THE WORK PERFORMED: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Personal references

Give three individuals (Not relatives)

NAME:	OCCUPATION:
STREET ADDRESS: <hr/>	TELEPHONE #
CITY: _____ STATE: _____ ZIP: _____ <hr/>	
NAME:	OCCUPATION:
STREET ADDRESS: <hr/>	TELEPHONE #
CITY: _____ STATE: _____ ZIP: _____ <hr/>	
NAME:	OCCUPATION:
STREET ADDRESS: <hr/>	TELEPHONE #
CITY: _____ STATE: _____ ZIP: _____ <hr/>	



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APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS; WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT SEX IS A BONAFIDE OCCPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

Disclosure

Please be advised that we and/or our agent HRPLUS, may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associated and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer report (reference check), please provide us a written request. To obtain a "Summary of Your Consumer Rights", simply let us know that you would like a copy.

AUTHORIZATION/CONSENT & RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Discovery Outsourcing, LLC** ("COMPANY") and/or its agent HRPLUS, to prepare consumer reports and/or investigate consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.



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I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENTS HRPLUS.

I hereby voluntarily and knowingly release and discharge Company, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE