

ALMOND & ASSOCIATES

Last Name	First	Middle	Home Phone	EDUCATION HIGH SCHOOL	FROM/TO	SCHOOL
Address			Work Phone	COL/UNIV		
City			Cell Phone	BUS/TECH		
State		Zip		DEGREE		
Career Choice	Salary Desired	Email		MAJOR/MINOR		
1.				OTHER		
2.	Minimum Salary	Social Security Number		Willing to relocate? <input type="radio"/> Yes <input type="radio"/> No		
3.				Preferred Job Location		

Do you wish to work F/T? P/T? Temp? Have you ever worked for/applied to an employment agency? Yes No If so, where? _____

POSITIONS AND DUTIES				Rate of Pay	
Started Mo/Yr	Left Mo/Yr	Position	Duties	Start \$	End \$
Company		Promotions <input type="checkbox"/>		Reason for Change	
Address					
City Zip		Type of Business	Supervisor's Name and Title	Phone	
Started Mo/Yr	Left Mo/Yr	Position	Duties	Start \$	End \$
Company		Promotions <input type="checkbox"/>		Reason for Change	
Address					
City Zip		Type of Business	Supervisor's Name and Title	Phone	
Started Mo/Yr	Left Mo/Yr	Position	Duties	Start \$	End \$
Company		Promotions <input type="checkbox"/>		Reason for Change	
Address					
City Zip		Type of Business	Supervisor's Name and Title	Phone	

CONTACTS		
List the names and phone numbers of those with clerical and/or accounting skills who would benefit from our services.		
Name: _____	Phone: _____	
Name: _____	Phone: _____	
Name: _____	Phone: _____	
List 2 co-workers who can comment on your performance:		
Name: _____	Company: _____	Phone: _____
Name: _____	Company: _____	Phone: _____
Please list 2 people who know you and can always contact you or take a message for you:		
Name: _____	Home Phone: _____	Work or Cell Phone: _____
Name: _____	Home Phone: _____	Work or Cell Phone: _____
Have you been convicted of a crime within the last 7 years? <input type="radio"/> Yes <input type="radio"/> No Explain: _____ <small>(A conviction will not automatically bar an applicant from consideration.)</small>		
Have you filed bankruptcy within the last 7 years? <input type="radio"/> Yes <input type="radio"/> No If so, when? _____		
<p>Applicant Agreement: By signing below, I acknowledge my understanding that the information requested on this card is for employment purposes, and I hereby affirm that all statements made in completing this form are true and complete. I further understand that some client companies may request Almond & Associates to check the references of prospective employees and/or request a drug/alcohol screening test. Therefore, I hereby give Almond & Associates permission and authority to conduct background and reference checking in consideration of employment with Almond & Associates or one of its clients. I further understand and agree to submit to a drug/alcohol screening test if requested by Almond & Associates or one of its clients.</p> <p>At Will Acknowledgement: I further understand that neither this application for employment or any other forms, materials or testing instruments is an employment agreement, either expressed, or implied, and understand that Almond & Associates does not guarantee I will be placed in a position. Placement will be based solely upon availability of positions and a match between my skills and abilities and that of the position being filled. I understand if am placed, my employment is "at will" and my employment and compensation can be terminated, with or without cause, with or without notice at any time, at the option of either the company or myself.</p>		
Applicant Signature _____	Date _____	

DISCLOSURE STATEMENT, RELEASE AND AUTHORIZATION

The undersigned hereby gives Almond & Associates permission and authority to conduct background and reference checks in consideration of employment with one of its clients. I agree and consent to any investigation Almond & Associates and/or its designees may make regarding information including, but not limited to, my general reputation, personal characteristics, education (transcripts and/or degree verification), professional licenses, consumer reports, credit history (if pertinent to the position for which I am being considered, driving record, employment, wage information, military service, criminal records, public records, and/or other background information obtainable from former employees or other business or personal references.

I hereby authorize and request any former employers, personal references including, but not limited to, friends or associates, schools, police and court personnel, credit agencies, and any other person to furnish Almond & Associates and/or its designees any information or opinions concerning my work habits, reasons for termination, eligibility for rehire, salary information, and character information, criminal history, driving records, credit history (if pertinent to the position for which I am being considered), or any other relevant information requested by Almond & Associates.

I specifically authorize and indicate my understanding that a consumer report or investigative consumer report may be requested as part of this background screening process (if pertinent to the position for which I am being considered). If I am not hired due to the information contained specifically in the consumer report, I will be notified in writing and a copy of said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

I hereby release Almond & Associates and all persons, companies, corporations, or individuals all liability and responsibility that may result from providing Almond & Associates the information set out herein.

Signature _____ Date _____

Full Name (first, middle, last) _____

Any other names used (which in school, maiden name, nicknames, etc.) _____

Current Address _____

City, State, Zip _____

RESIDENCES: Please list residences in the last 10 years

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

Social Security Number _____ Date of Birth (month/day/year) _____

Driver License Number _____ State _____

I authorize and indicate my understanding that an abstract of my motor vehicle driving record may be obtained relative to prospective employment, and hereby specifically authorize the release of this information.

Professional License Number _____ State _____ Expiration _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) SUMMARY FORM – PLEASE READ CAREFULLY

In order to ensure compliance with Federal laws and regulations, Almond & Associates must monitor its Equal Employment Opportunity position on a continuing basis. To aid this review process, please identify your gender and group status on this form.

THE INFORMATION YOU FURNISH WILL BE MAINTAINED ONLY FOR THE PURPOSE OF MONITORING COMPLIANCE WITH APPLICABLE EEO LAWS AND REGULATIONS, AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

1. **GROUP STATUS (PLEASE CHECK ONE):**

- CAUCASIAN (NOT OF HISPANIC ORIGIN)
- AFRICAN AMERICAN (NOT OF HISPANIC ORIGIN)
- HISPANIC
- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR NATIVE AMERICAN

2. **GENDER**

- MALE
- FEMALE

Section below is optional:

It is the policy of Almond & Associates to take affirmative action to employ and advance in employment, qualified individuals who are disabled, special disabled veterans, or Vietnam-era veterans. Please identify yourself by providing the information below. SUBMISSION OF THIS INFORMATION IS **VOLUNTARY** AND FAILURE TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Check all boxes that are applicable.

I AM A VIETNAM ERA VETERAN

YES NO

“Veteran of the Vietnam Era” means a veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975.

I AM A SPECIAL DISABLED VETERAN

YES NO

“Special Disabled Veteran” means a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veteran’s Administration for a disability rated at 30% or more.

I AM AN INDIVIDUAL WITH A DISABILITY

YES NO

Any person who (1) has a physical or mental impairment that substantially limits one or more of a person’s major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment. If yes, you may identify any job-related accommodation you may require to enable you to perform the essential function of the job for which you have applied.

Signature of Applicant

Date of Application

Printed Name of Applicant