

APPLICATION FOR EMPLOYMENT



We are pleased that you are seeking employment with Carousel Checks Inc. Applicants are considered without regard to race, color, religion, sex, age, disability, citizenship or national origin, or any factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

PERSONAL												
Last Name:			First N	ame:			M.I.:					
Street Address:												
City:			S	tate:			Zip:					
Email Address:												
Daytime Phone:					Eveni							
List all names you have used in the past:												
Have you ever been employed at our Company?				No	Υ	es	Date o	of Hire:				
Have you ever applied for employment at our Company?				No	Υ	es	Date:					
How were you referred to our Company?				Advertis	ement	Employ	Agency	, 0	ther			
EMPLOYMENT DESIRED												
Date Available				Salary Desired \$		\$		per				
Are you intereste	ed in:	Temporar	у		Full-Tim	е		Part-	Time			
				FXPI	ERIENCE							
List your last five (5) employers, s	starting with the	e most recei			ncluding mili	itary service.	Attach sepa	arate shee	t(s) if nec	essary.	
List your last five (5) employers, starting with the most recent (go back 1 May we contact your current employer?					Yes No							
Employer Name:				Address:								
Supervisor:				Phone:								
Position:	From:			То:								
Reason for Leaving:												
Employer Name:				Address	:							
Supervisor:				Phone:								
Position:	From:		То:									
Reason for Leaving:												
Employer Name:			Address:									
Supervisor:				Phone:								
Position:			From:		То:							
Reason for Leavi	ng:											

EDUCATION											
Begin with high school and include any military schools you may have attended.											
High School Name:				City/State:							
	Oid You Graduate? Yes		No			GED					
College or Trade Scho			y/State:								
<u> </u>	Course of Study:			gree:							
College or Trade Scho		City/State:									
Course of Study:	Degree:										
College or Trade Scho	ool:	City/State:									
Course of Study:	De	gree:									
SKILLS											
Licenses or Certificat											
Proficient on Softwar	_										
	Additional Computer Skills:										
Other Skills:						_					
Can you perform this	<u> </u>			lation?		Yes	No				
Can you meet the att	•	<u>.</u>				Yes	No				
IF HIRED, I WILL PROVIDE PROOF OF MY LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES REFERENCES											
Name three (3) indiv	viduals we may contact	who have knowl			k experience	. preferably fo	ormer superviso	ors.			
Name:	,	Company:			Title:	, processing to					
Company Address:			Pho	ne Number:							
Name:		Company:			Title:						
Company Address:			Pho	ne Number:							
Name:		Company:			Title:						
Company Address:			Pho	ne Number:							
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment may result in rejection of this application or in immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, and with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pr											
This application, when completed and signed, becomes the property of Company.											
Applicant Signature:			Print Name				Date:				