

# APPLICATION FOR EMPLOYMENT

**Date of Application: Date Available for Employment**

**Name (please print)**

 **Last First Middle**

**Social Security Number**

**Permanent Address ­**

 **Street City ST Zip**

**Phone Number ( ) Cell Phone Number**

**Position Applying For ( ) Full Time ( ) Part Time**

## General

1. **If now employed, why are you considering leaving your present position?**
2. **Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral or unprofessional conduct, or are you now under investigation for any such charge? Yes No**
3. **Have you ever been asked to resign from employment? Yes No**
4. **Have you ever been asked to resign in lieu of termination? Yes No**
5. **Is there anything which would prevent you from performing, with or without reasonable accommodations, the essential functions of the position for which you are applying? Yes No**
6. **Have you ever received an unsatisfactory performance evaluation? Yes No**
7. **When could you begin work?**

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST PROVIDE AN EXPLANATION BELOW

Please Read Carefully:

1. **Have you ever been arrested, convicted of, pled guilty to, pled nolo contender to, or been sentenced under a First Offender Statute for a violation of any federal law, state law, county or municipal law, regulation or ordinance? Are you now under investigation for any such offense, other than a minor traffic offense? YOU MUST INCLUDE ANY OFFENSE EXCEPT MINOR TRAFFIC CITATIONS. Exclude events before age 16, unless prosecuted as an adult. For the purpose of this application, DUI/DWI’s and alcohol or substance abuse offences must be reported. You must include any arrests for which the record has been expunged. If you answer “Yes” to any question, an explanation and supporting documentation (including any final court disposition documents) MUST be included with this application.**

**( ) YES ( ) No**

 **If YES, complete the following:**

 **Name of Law Disposition**

**Type of Offense Date Enforcement Authority (Outcome)**

**IF YOU ANSWER ANY OF THE ABOVE QUESTIONS FALSELY, YOU WILL BE DISMISSED IMMEDIATELY UPON RECEIPT OF A CRIMINAL HISTORY BACKGROUND REPORT.**

## Education and Professional Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of school** | **Year** | **Degree/Diploma or GED** | Field of Study |
| **High School** |  |  |  |  |
| **Vocational School** |  |  |  |  |
| **College/University** |  |  |  |  |
| **Other** |  |  |  |  |

## Previous Work Experience/References

|  |
| --- |
| **Name of Company:** |
| **Street Address:** |
| **City/State/Zip:** | **Telephone Number:** |
| **Supervisor’s Name/Title** |
| **Your Job Title:** | **Final Salary:** |
| **Beginning Date of Employment:** | **Ending Date of Employment:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Name of Company:** |
| **Street Address:** |
| **City/State/Zip:** | **Telephone Number:** |
| **Supervisor’s Name/Title** |
| **Your Job Title:** | **Final Salary:** |
| **Beginning Date of Employment:** | **Ending Date of Employment:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Name of Company:** |
| **Street Address:** |
| **City/State/Zip:** | **Telephone Number:** |
| **Supervisor’s Name/Title** |
| **Your Job Title:** | **Final Salary:** |
| **Beginning Date of Employment:** | **Ending Date of Employment:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Name of Company:** |
| **Street Address:** |
| **City/State/Zip:** | **Telephone Number:** |
| **Supervisor’s Name/Title** |
| **Your Job Title:** | **Final Salary:** |
| **Beginning Date of Employment:** | **Ending Date of Employment:** |
| **Reason for Leaving:** |

|  |
| --- |
| **Name of Company:** |
| **Street Address:** |
| **City/State/Zip:** | **Telephone Number:** |
| **Supervisor’s Name/Title** |
| **Your Job Title:** | **Final Salary:** |
| **Beginning Date of Employment:** | **Ending Date of Employment:** |
| **Reason for Leaving:** |

## Personal References

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Address** | **Telephone** |
|  |  |  | Home**Business****Fax** |
|  |  |  | Home**Business****Fax** |
|  |  |  | Home**Business****Fax** |

## Signature

**I consent for any former employer of mine to furnish any information from my personnel file or evaluations relative to my performance as an employee, and I waive any right I may have for such information to remain confidential. I relieve from all liability and responsibility those persons, schools, companies, or corporations supplying information in this regard. I understand that Extreme Images, LLC participates in the E-Verify program.**

**Applicant’s Signature Date**