



**APPLICATION FOR EMPLOYMENT**

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

<b>P E R S O N A L</b>	Last Name		First	Middle	Date	
	Street Address				Home Telephone ( )	
	City, State, Zip				Business Telephone ( )	
	Have you ever applied for employment with us? Yes      No      If yes: Month & Year      Location				Social Security #	
	Position Desired				Pay Expected	
	Apart from absence for religious observance, are you available for full-time work? Yes      No      If not, what hours can you work?				Will you work overtime if asked? Yes      No	
	Are you legally eligible for employment in the United States?		Yes	No	When will you be available to begin work?	
	Are you a U.S. Citizen?		Yes	No		
	Other special training or skills (languages, machine operation, etc.)				Are you over 18 years of age? Yes      No If not, employment is subject to verification of age.	

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/ Trade/ Technical					
	High School					
	Elementary					
	Provide dates you attended school:			Elementary: From      To	High School: From      To	
College: From      To		Other (Give name and dates)				

<b>Membership in Professional or Civic Organizations</b> (Exclude those which may disclose your race, color, religion or national origin)

# EMPLOYMENT

Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.

1	Company Name	Telephone (   )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone (   )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone (   )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone (   )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact	
	Employer Number(s)	Reason

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces?      Yes                      No	If "Yes," in what branch?
	Describe any training received relevant to the position for which you are applying.	

FIRST CHOICE, INC.  
1117 CENTRAL AVENUE  
CONNERSVILLE, IN 47331



FAX # 765-827-6329  
765-827-4237

Other Experience or Qualifications _____ (Space can be used to elaborate on duties associated with positions listed on previous page.)

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?                      Yes                      No If "Yes" describe in full.

<u>Certification and Authorization -- Please Read Thoroughly</u>
<p><u>I certify that all facts contained in the application are true and complete and acknowledge that First Choice, Inc. is relying on the accuracy of the information provided. I authorize First Choice, Inc. to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to First Choice, Inc. I also authorize First Choice, Inc. to give references and provide information about me in response to inquires subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or First Choice, Inc. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of First Choice, Inc. in a formal written agreement signed by both of us.</u></p>
Signature of Applicant _____ Date _____

For Office Use Only _____
Hire Date:
Position:
Will Report to work:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.  
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.  
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**FOR EMPLOYER'S USE ONLY**

<b>R E F E R E N C E  C H E C K</b>	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

<b>T E S T  R E S U L T S</b>	Tests Administered	Raw Score	Rating	Analysis and Comments

<b>I N T E R V I E W  R E S U L T S</b>	Interviewer Name and Comments