



OFFICE DATE ENTERED

APPLICANT INFORMATION	Date:
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First Name:	M.I.	Last Name:
Social Security Number		
Street Address:		Apt.#/ Unit:
City:	State:	Zip:
Cell Phone :	Home Phone:	
Best number:	Email:	
Date Available:	Desired Salary:	
Driver's License No.:	State:	Exp:
Emergency contact Name:	Phone#	Relation:
Have you applied here before?		

EDUCATION

High School:	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
College:			
	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe any training apprenticeship, skills or extracurricular activities that are relevant to the job you are applying for:

List any professional or vocational certificates or licenses you hold:

MILITARY SERVICE

Branch:	From:	To:
Rank at discharge:	Type of discharge:	
If other than Honorable, explain:		

ADDITIONAL INFORMATION

Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you authorized to work in the U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid driver license? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been cited for a traffic violation in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	

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PREVIOUS EMPLOYMENT

Company:	City:	State:
Starting date:	End Date:	
May we contact your previous supervisor for a reference?	YES	NO
Supervisor:	Phone #:	
Job Title:		
List all Job Duties:		
Reason for Leaving:		
Company:	City:	State:
Starting date:	End Date:	
May we contact your previous supervisor for a reference?	YES	NO
Supervisor:	Phone #:	
Job Title:		
List all Job Duties:		
Reason for Leaving:		
Company:	City:	State:
Starting date:	End Date:	
May we contact your previous supervisor for a reference?	YES	NO
Supervisor:	Phone #:	
Job Title:		
List all Job Duties:		
Reason for Leaving:		
Company:	City:	State:
Starting date:	End Date:	
May we contact your previous supervisor for a reference?	YES	NO
Supervisor:	Phone #:	
Job Title:	Starting Salary:	Ending Salary:
List all Job Duties:		
Reason for Leaving:		
Company:	City:	State:
Starting date:	End Date:	
May we contact your previous supervisor for a reference?	YES	NO
Supervisor:	Phone #:	
Job Title:	Starting Salary:	Ending Salary:
List all Job Duties:		
Reason for Leaving:		

REFERENCES

Please list two professional references:

Full Name:

Phone:

Company:

Relationship:

Full Name:

Phone:

Company:

Relationship:

CONSENT AND AUTHORIZATION TO OBTAIN INFORMATION

In connection to my application for employment with Avani I hereby authorize Avani and or any and all of its Subsidiary Companies, Background Investigation Agency, and/or Credit Reporting and all other Investigative Agencies of any type as directed by Avani , to obtain a consumer report and/or investigative consumer report for employment purposes. I understand that, as applicable, such investigation may include, but not limited to, information regarding Social Security Number, Department of Motor Vehicles Records, Criminal History to the extent permitted by law, Credit Reports, Education and Employment Records (work habits, work performance, experience, work history, references, reason for termination, etc.) Drug/Alcohol Testing Verification (for drivers and in compliance with DOT regulations), and any other information Avani deems necessary to grant me employment . I further understand that Avani reserves the right to request such reports at any time as deemed necessary: before, during or after my employment.

Medical and Worker's Compensation information will be requested in compliance with Federal, State local and any other applicable law.

The Fair Credit Reporting Act provides specific guidelines. Avani reserves the right to rely on the results of the report to make hiring decisions. If Avani take adverse action based on such results, I will be provided with an adverse action disclosure notice, including a copy of the report, and the agencies to contact regarding the adverse information on such report.

By signing this document I voluntarily authorize all present and past Employers, Educational Institutions, Credit Bureau, Social Security Administration, Department of Motor Vehicles, Law Enforcement Agencies (Federal, State, and Local) and any other entity, agency or persons to disclose records they may have concerning my Criminal History, Social Security Number, Employment History, Education, and ant other information requested as directed by Avani or its Investigative Agencies. Additionally, by signing this document I fully release "Avani ", its Employees, Officers, Directors and Agents, all Consumer Reporting Agencies, Credit Agencies, Persons, and Companies providing information concerning or related to my background from any claims or actions for any liability related to the process or result of the Background Investigation.

I understand that I may refuse to have a Consumer Report and/or Investigative Consumer Report conducted. I also understand that by doing so Avani , and/or the Management Staff of the Company reserves the right to in its sole discretion deny or terminate my employment immediately as a result of such refusal, or if the results are unsatisfactory. I also understand that any offer of employment will be conditional upon receipt of satisfactory information.

A copy or fax of this form shall be as valid as the original.

I have read and fully understand this Consent and Authorization. I hereby agree to submit to the post-offer/pre-employment and post-employment Background Investigation and/or credit Reporting.

If you have not lived at your current address for the last 7 years, please list previous addresses:

1)

2)

3)

PLEASE PRINT

Last name:

First Name:

Middle:

Home Address:

City:

State:

Zip:

Social Security Number:

License Number:

State Issued:

Have you ever uses any name or social security other than the above? Yes No

Other Names used:

Other Soc Sec. No.

For Identification purposes please provide:

Month of Birth:

Day of Birth:

Signature

Date

CONSENT AND AUTHORIZATION FOR DRUG SCREEN

I understand that the hiring process for Avani may include a pre-employment substance abuse screening(drug test). I hereby voluntarily authorize Avani , its subsidiaries, agents and associated medical clinics to collect a urine and/or a blood specimen from me for testing of drug, and/or controlled substances. Further I give my consent for the release of the test results to the appropriate member of the Company Management Team, and under certain circumstances deemed necessary by the Management Team to third parties directly related to the companies placement at one of their client work sites.

I understand that by declining to take the test Avani will not process my application for employment and I will lose my eligibility for employment, or will terminate my employment immediately.

I have read this consent and authorization form, and I understand and accept that the collection site and screening facility will be chosen by Avani , and such facility should provide the results to Avani , and I agree that the those test results are final and binding and shall be legitimate and proper basis for Avani to make a hiring or employment decision.

I UNDERSTAND AND AGREE TO THE POST-OFFER/PRE-EMPLOYMENT, POST-ACCIDENT, RANDOM AND PROBABLE CAUSE TESTING, WHICH MAY BE CONDUCTED TO DETERMINE THE PRESENCE OF DRUG; INCLUDING WITHOUT LIMITATION, MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP), AMPHETAMINES, OR METABOLITES, OF THOSE DRUGS IN MY SYSTEM UNDER THE NATIONAL INSTITUTE FOR DRUG ABUSE (NIDA) GUIDELINES. I VOLUNTARILY, KNOWINGLY AND UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED PARTIES, AVANI, CLINICAL LABORATORIES, AND /OR ANY ENTITY OR PERSON REVIEWING THE TEST RESULTS, ANY MEDICAL REVIEW OFFICER INTERPRETING THE TEST RESULTS, AND INFOLINK SCREENING, INC. FROM ANY AND ALL LIABILITY, ACTION, OR CLIAM WHICH MAY ARISE OR RESULT FROM THE TESTS FOR DRUGS, THE USE OF THE TEST RESULTS, OR THE DISCLOSURE OF THE TEST RESULTS. THIS AUTHORIZATION SHALL BE VALID UNLESS I RECEIVE WRITTEN NOTICE FROM Avani TO REVOKE. A FAX OR PHOTOCOPY OF THIS AUTHORIZATION FORM SHALL BE AS VALID AS THE ORIGINAL.

I understand that I may refuse to take the drug test. I also understand that by doing so Avani and/or the Management Staff of the Company reserves the right to in its sole discretion deny or terminate my employment immediately as a result of such refusal, or if the confirmed results of any such test is positive for drug (provided any timely confirmatory re-test obtained by me of the original sample in accordance with the Substance Abuse Policy does not contradict the original confirmatory positive test result).

I have read and fully understand this Consent and Authorization. I hereby agree to submit to the post-offer/pre-employment, random and probable cause drug testing.

Last name:

First Name:

Home Address:

City:

State:

Zip:

Social Security Number:

Signature

Date

APPLICANT'S STATEMENT

I hereby certify that the information supplied on this application for employment is true to the best of my knowledge, and I agree to have any of the statements checked by Avani , unless I have indicated the contrary. I authorize Avani to contact any and all references listed (including employers and schools) and I authorize those references to provide Avani any and all information concerning my previous education and employment and any other pertinent information that any of them have or know about me. Further, I release all parties, companies, and personal providing such information from any liability or damages which may result from furnishing such information to Avani , as well as the use or disclosure of such information by Avani , or any of its' agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application or during the interview process (regardless of when discovered) my failure to receive an offer or, if I am hired, my immediate termination from employment at any time.

In consideration of my employment, I agree to conform to the rules and standards of Avani , as amended by Avani from time to time as its sole discretion. I further agree that my employment and compensation is for no definite period, and may be terminated at will, with or without cause and with or without notice, at any time, either at my option or at the option of Avani Terms and conditions of employment including promotions, change in job duties, location and compensation can be changed at the sole discretion of Avani , at any time, with or without cause, advance notice or stated reason. I understand that no employee, representative of Avani , other than its' president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement or contrary to the foregoing. Further, the president of Avani may not alter at-will the nature of this employment relationship unless he signs a document at which he specifically and clearly indicate the intent to do so.

I understand that at the end of an assignment, it is my responsibility to contact Avani , within 24 hours and report my availability. If Avani has work available for me and I fail to contact them, I understand this may constitute a voluntary quit and may make me ineligible for unemployment benefits.

I understand that on some jobs I may be offered full-time employment. This may be approved if Avani is notified prior to my accepting the full-time assignment and after said terms with the client have been reached, unless otherwise agreed by Avani and their client

I understand that any offer of employment from Avani is conditional on Avani receipt of satisfactory responses to reference requests, passing a drug screen, and the provision of satisfactory proof of my identity and legal authority to work in the United States.

Do Not Sign Unless You Have Read The Above Statement

Signature

Date