



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

APPLICANT PERSONAL DATA			
Name of Applicant:		Date:	
Mailing Address:			
City:	County:	State:	Zip Code:
Are you eligible to work in the U.S.? [] Yes [] No	Area Code and Telephone Number:	Additional Telephone Number:	
Smith Consulting, Inc. is requesting your Social Security Number under authority of IC 4-1-8 Disclosure is mandatory and this application cannot be processed without it.		Social Security Number:	
Mark types of employment acceptable to you: [] Regular Full-Time [] Regular Part-Time [] Part-Time [] Temporary			
Date Available to begin Work:			
Do you have any relatives who are presently (or have formerly been) employed by Smith Consulting, Inc.? [] Yes [] No If yes, please list their name and relationship:			
Driver's License Information			
State Issued:	License Number:	Expiration Date:	Type:

EDUCATION			
List below all high schools and post high schools attended. A copy of applicable transcripts may be required at the time of the interview.			
Name/Location of School	From MM/YY	To MM/YY	Fields of Study

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB		
Title of Specialized Courses	Company/School	Dates Attended

CRIMINAL RECORD	
Have you ever been convicted of a crime, other than minor traffic violations? [] Yes [] No If yes, provide information regarding the conviction (Offense, date, sentence) on separate, attached sheet.	Notice: A "yes" response will not necessarily eliminate you from consideration for employment

MILITARY STATUS			
<input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Reserve	Branch:		
	Rank:		
	Entry Date:	Exit Date:	

EMPLOYMENT
Have you ever been discharged by an employer? [] Yes [] No

EMPLOYMENT HISTORY RECORD

Company Name:		Position Held/Duties:	
Address:		Supervisor's Name:	
Area Code and Telephone Number:	Wages/Salary:		Dates Employed:
Reason for Leaving:			
Company Name:		Position Held/Duties:	
Address:		Supervisor's Name:	
Area Code and Telephone Number:	Wages/Salary:		Dates Employed:
Reason for Leaving:			
Company Name:		Position Held/Duties:	
Address:		Supervisor's Name:	
Area Code and Telephone Number:	Wages/Salary:		Dates Employed:
Reason for Leaving:			

REFERENCES

Name of Reference:		Area Code and Telephone Number:
Address:		
Name of Reference:		Area Code and Telephone Number:
Address:		
Name of Reference:		Area Code and Telephone Number:
Address:		

EMPLOYMENT APPLICATION STATEMENT:

I hereby certify that all responses set forth during my application process are true and complete. My signature also authorizes Smith Consulting, Inc. or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, criminal background and educational background. I hereby authorize all persons, companies or other entities connected with any such information request, including without limitation prior employers and law enforcement agencies, to provide any and all information and/or records they may have regarding me or my employment. I release and agree to indemnify Smith Consulting, Inc., its authorized agents and its employees and all other persons, companies and other entities from any liability arising out of such an investigation including, without limitation, any liability for furnishing information or for taking any action based on the information provided.

I understand and agree that any falsification, misrepresentation, or omission, whether on the employment application form or in my responses to questions asked during the interview or application process, may disqualify me from further consideration for employment, or if employed by Smith Consulting, Inc. will subject me to immediate discharge whenever falsification or omission is discovered. In this regard, where an item is left blank on the employment application it is because there is no information within its scope.

I understand that Smith Consulting, Inc. has a policy against the possession, use, sale, or transfer of drugs or alcohol by its employment applicants and employees. I further understand that Smith Consulting, Inc. is committed to a drug free workforce and has adopted a drug and alcohol testing program as one method of implementing that policy. I hereby consent to the taking of hair, urine, blood or breath samples by Smith Consulting, Inc. or its agents for the purposes of the above drug and alcohol testing program and to the testing of samples by a laboratory designated by Smith Consulting, Inc. I release and discharge Smith Consulting, Inc. and its officers and agents from any claim, damage, or liability relating to the testing process and procedures, including the sample gathering, the analysis, and disclosure of the results, or any decisions or action taken based upon the results.

I hereby further consent to the release of any test reports on such samples or other related information from the laboratory to the President/CEO of Smith Consulting, Inc. and to the use of all such reports or other information by Smith Consulting, Inc. in its assessment of my employment application and/or employment status.

If I should refuse to cooperate in the testing process or procedures, or should the test results be positive, my application for employment will be justifiably rejected. Furthermore, if employed, I understand that Smith Consulting, Inc. requires as a condition of continued employment that its employees comply and fully cooperate with its drug and alcohol policy.

I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

I also give my consent, if reasonable suspicion exists, to physical searches of myself, my lunch box, car, locker, any package or purse in or on company property, whether or not such items are locked.

If an investigative consumer reporting agency is engaged to report on my credit and personal history, authorization is hereby granted to do so. If a report is obtained, the name of the agency will be provided, at my request, so that I may obtain from them the nature and substance of the information contained in the report.

I understand and agree that if I am employed by Smith Consulting, Inc., my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, Smith Consulting, Inc. may terminate my employment at any time, with or without notice and for any or no reason. I also understand and agree that nothing contained in Smith Consulting, Inc.'s employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or is intended to constitute or to create a contract or promise between me and Smith Consulting, Inc. for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that Smith Consulting, Inc. may modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Smith Consulting, Inc. unless they are expressed promises, made in writing and signed by President/CEO of the company.

Applicant's Name (Printed):	Date:
Applicant's Signature:	Date: