

## Employment Application

An equal opportunity employer, Assure the Future, Inc. does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, gender identify, national origin, citizenship, age, disability, sexual orientation, marital status or any other protected category recognized by state or federal laws. Assure the Future, Inc. only hires individuals authorized for employment in the United States.

# ASSURE THE FUTURE, INC.

Position Desired: \_\_\_\_\_

Schedule Desired:  Full-Time  
 Part-Time  
 Temporary

Salary Expected: \_\_\_\_\_

Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	ARE YOU AUTHORIZED FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRESENT STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	EMAIL ADDRESS	ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREES/AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED (CHECK ONE)
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER	NAME			<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY			
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER	NAME			<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY			
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER	NAME			<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY			
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER	NAME			<input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY			

## REFERENCES

LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND NOT PREVIOUS EMPLOYERS

NAME	RELATIONSHIP TO YOU	ADDRESS	PHONE

## EMPLOYMENT HISTORY

LIST EMPLOYMENT STARTING WITH YOUR MOST RECENT POSITION. ACCOUNT FOR ANY TIME DURING THIS PERIOD THAT YOU WERE UNEMPLOYED BY STATING THE NATURE OF YOUR ACTIVITIES. IF YOU HAVE LESS THAN FOUR PLACES OF EMPLOYMENT, INCLUDE PERSONAL REFERENCES TO BE CONTACTED.

MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	WAGES	REASON FOR LEAVING
FROM  TO	NAME	JOB TITLE	STARTING	
	ADDRESS		FINAL	
	PHONE	SUPERVISOR		
FROM  TO	NAME	JOB TITLE	STARTING	
	ADDRESS		FINAL	
	PHONE	SUPERVISOR		
FROM  TO	NAME	JOB TITLE	STARTING	
	ADDRESS		FINAL	
	PHONE	SUPERVISOR		
FROM  TO	NAME	JOB TITLE	STARTING	
	ADDRESS		FINAL	
	PHONE	SUPERVISOR		
FROM  TO	NAME	JOB TITLE	STARTING	
	ADDRESS		FINAL	
	PHONE	SUPERVISOR		

HAVE YOU EVER BEEN DISCHARGED FROM A JOB(S)?  YES  NO IF YES, PLEASE EXPLAIN

LIST SPECIAL SKILLS AND QUALIFICATIONS YOU POSSESS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?

CAN YOU TRAVEL IF A JOB REQUIRES IT?

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO, A CRIME FOR WHICH THE RECORD HAS NOT BEEN EXPUNGED OR SEALED:

YES     NO

EXPLAIN:

ARE YOU PHYSICALLY OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?     YES     NO

EXPLAIN:

I HEREBY AFFIRM THAT THE INFORMATION GIVE BY ME ON THE APPLICATION FOR EMPLOYMENT IS COMPLETE AND ACCURATE. I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION EITHER ON THIS APPLICATION, OR OTHERWISE PROVIDING FALSE INFORMATION TO THE COMPANY WILL BE IMMEDIATE GROUNDS FOR DISMISSAL, NO MATTER WHEN THE FALSIFICATION OR OMISSION IS DISCOVERED. I AUTHORIZE A THOROUGH INVESTIGATION TO BE MADE IN CONNECTION WITH THIS APPLICATION CONCERNING MY CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, EMPLOYMENT, EDUCATION, AND CRIMINAL RECORD, WHICHEVER MAY BE APPLICABLE FOR EMPLOYMENT PURPOSES. I UNDERSTAND THIS INVESTIGATION MAY INCLUDE PERSONAL INTERVIEWS WITH THIRD PARTIES SUCH AS BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, PREVIOUS SUPERVISORS, AND OTHERS WITH WHOM I AM ACQUAINTED.

IT IS MY UNDERSTANDING THAT AS A PREREQUISITE TO CONSIDERATION FOR EMPLOYMENT, I MUST AGREE TO SUBMIT TO ANY POST-EMPLOYMENT EXAMINATIONS, PHYSICAL OR OTHER, AS THE COMPANY MAY LAWFULLY REQUIRE.

IF I AM HIRED, I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE AT ANY TIME.

I HAVE READ AND AFFIRM AS MY OWN THE ABOVE STATEMENTS.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE