

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

				<u>DATE</u>
NAME				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS				
STREET	CITY	STATE	ZIP	
PHONE NO.	ARE YOU 18 YEARS OR OLDER?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

LAST

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL SKILLS

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ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

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U. S MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST  
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL  
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
 Signature of Applicant

IN CASE OF  
 EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED:  Yes  No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

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# ACCUDATA CREDIT SYSTEMS LLC

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## Disclosure and Authorization Form for Employment Background Check

Applicant's FULL LEGAL Name \_\_\_\_\_

All Former Names & Dates Used / AKA's & Dates Used \_\_\_\_\_

Day Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home &/or Cell Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ;(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #/State \_\_\_\_\_

Date of Birth MM \_\_\_\_\_ /DD \_\_\_\_\_ /YYYY \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name while Student or On Diploma \_\_\_\_\_ Student ID Number \_\_\_\_\_

Complete For International Verifications:

Canada: Residential Address: \_\_\_\_\_

Insurance Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Province: \_\_\_\_\_

Name while Student or On Diploma \_\_\_\_\_ Student ID Number \_\_\_\_\_

International Employer Assigned Employee Identification Number: \_\_\_\_\_

International Government Identification Number: \_\_\_\_\_ Country: \_\_\_\_\_

International Criminal Search Both Parents Full names: \_\_\_\_\_

As part of the application process for employment at \_\_\_\_\_,

I understand that Accudata Credit Systems LLC [Location: 1002 Diamond Ridge Suite 500, Jefferson City MO 65109; Tel: 573-893-7500 or 1-800-475-6703] will seek and obtain consumer reports and/or investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). You, Accudata Credit Systems LLC, are hereby authorized to make any investigation of my personal/character history, all academic/professional records, degrees/attendance/transcripts/credentials/certifications/licenses, military service records, current and past employer(s) names, hiring & termination dates, work experience/attendance/habits/performance, character and general reputation, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender's lists, wants & warrants records, motor vehicle records, financial (such as assets, bank, credit card, or personal lending), credit history records, credit worthiness, public records, civil case, OIG/GSA, OFAC/Patriot Act, any sanctions lists, FBI finger printing and drug screen results. I hereby authorize, without any reservation, the full release of these records and information for Accudata Credit Systems LLC and/or its agents or any investigative or credit/consumer reporting agencies or bureaus of their choice, to conduct the searches and investigations.\*

Date MM \_\_\_\_\_ /DD \_\_\_\_\_ /YYYY \_\_\_\_\_

Signature \_\_\_\_\_

*\*NOTE: Section 604 (b) of the Fair Credit Reporting Act Provides Conditions for Furnishing & Using Consumer Reports for Employment Purposes. The Provisions of the Fair Credit Reporting Act & Driver Privacy Protection Act will be applicable if either type of report on the applicant is obtained and considered.*