



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and program is available to all persons.

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____ Date: _____

PERSONAL INFORMATION

Please Print

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: () _____ Type of employment desired: Full-Time Part-Time Temporary

Date available for work: _____ Referred by: Advertisement Employee Agency Other: _____

Are you able to meet the attendance requirements?	Yes	No
Do you have any objection to working overtime if necessary?	Yes	No
Can you travel if required by this position?	Yes	No
Have you been previously employed by our organization?	Yes	No
Can you submit proof of legal employment authorization and identity?	Yes	No
If you are under 18, can you furnish a work permit if it is required?	Yes	No
Do you currently have relatives who work for H.R. Outsourcing or client?	Yes	No
Have you ever been convicted of a crime in the last 7 years?	Yes	No
If yes, please explain (a conviction will not automatically bar employment): _____		

Drivers license number: _____

FORMER EMPLOYERS

Please provide all employment information for your past 4 employers starting with the most recent.

From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	
From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	
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From	To	Employer	Telephone #
Job Title		Address	
Immediate Supervisor & Title		Job Summary	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final: \$ _____ per _____	

EDUCATION

Name and Location of School		Circle Last Year Completed				Did you Graduate		Subjects Studied and Degree(s) Received
High School		1	2	3	4	Yes	No	
		N/A						
College		1	2	3	4	Yes	No	
		N/A						
Technical Training		1	2	3	4	Yes	No	
		N/A						
Other Skills								

REFERENCES

List 3 references (do not include relatives or employers)

Name	Telephone Number	Years Known

I hereby authorize the potential employer and Capital Business Services, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and Capital Business Services, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further agree that I will abide by all rules, regulations and policies of the potential employer and Capital Business Services, Inc. and that failure to do so may be cause for termination.

I understand that it is the policy of the potential employer and Capital Business Services, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____