



Employment Application

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee) _____ authorize Harding Brooks Associates LLC to obtain my Motor Vehicle Record for insurance underwriting/eligibility purposes . I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the Department(s) of Motor Vehicles.

I also authorize release of this insurance underwriting/eligibility information to my employer. (or proposed employer.)

Signature of Employee (or potential employee)

Name (Printed) _____

Drivers License Number State Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip _____

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, driver identification number, name, address and telephone number.



CONSENT TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES
In compliance with FCRA Sections 604(a)(3)(B) and 604(b)

In connection with, and for the duration of, my employment (including contract for services) with _____, or any of its affiliates, I understand that you may obtain consumer reports for employment purposes that may include, but not be limited to my credit, criminal, driving, employment and education history. This information will, in whole or in part, be obtained from DDS, Inc. These reports may include information as to my general reputation, character, personal characteristics, work habits, job performance, and experience along with reasons for separation from previous employers. Drug testing results may also be included. I understand that you may be requesting information from various federal, state, and other agencies or institutions, which maintain public and non-public records concerning areas of my past that are relevant to my affiliation with this employer.

I authorize, without reservation, any party, institution, or agency contacted by DDS, Inc., or this employer to furnish the above mentioned information:

APPLICANT NAME (PRINT)	____/____/____ DATE OF BIRTH	____-____-____ SOCIAL SECURITY #	
(Required in order to obtain accurate records & will not affect job eligibility)			
CURRENT ADDRESS	CITY, STATE	ZIP CODE	FROM - TO (YEARS)
PRIOR ADDRESS	CITY, STATE	ZIP CODE	FROM - TO (YEARS)
ALIAS/PREVIOUS/MAIDEN NAMES	DRIVER'S LICENSE #	STATE OF LICENSE	SEX
SIGNATURE			

California, Minnesota & Oklahoma Applicants Only: Please initial here _____ to have a copy of your consumer report sent directly to you by this prospective employer.

Notice to CALIFORNIA Applicants: Under SECTION 1786.22 of the California Civil Code, you have the right to request from DDS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which DDS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by DDS during business hours. You may also obtain a copy of this file upon submitting proper identification and paying costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Notice to NEW YORK Applicants: Under Article 25 Section 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the NY Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

PLEASE INITIAL HERE _____ TO ACKNOWLEDGE RECEIPT OF ARTICLE 23-A OF NY CORRECTION LAW.