



EMPLOYMENT RECORD - *Must be completed even if attaching a resume.*

Include all previous employers including part time employment, cooperative programs and summer work, beginning with present or most recent employer.

A. Name of Employer B. Business address	Dates employed Mo / Year	A. Position you held B. Name of supervisor	Earnings per hour	Reasons for leaving
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	
A.	From	A.	Start:	
B.	To	B.	Finish:	

MILITARY RECORD

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Present military affiliation:  None  Reserve (Active)  Reserve (Inactive)

Kinds of training and duty while in service: \_\_\_\_\_

PROFESSIONAL / WORK REFERENCES

**List two past supervisors** and **one person who is not related** to you who have knowledge of your qualifications for the position for which you are applying.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact your current employer?  Yes  No Wage/salary expected : \_\_\_\_\_ Date available: \_\_\_\_\_

SPECIAL SKILLS/ QUALIFICATIONS/CERTIFICATIONS:  BLS  ACLS  PALS  Other \_\_\_\_\_

OUTSIDE INTERESTS

(Exclude those indicating race, color, religion, sex, national origin, age or handicap)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRE-EMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Company's employ.
2. An offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Company may require. I also agree, if employed, to submit to a medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to the Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.
4. Pursuant to a separate authorization and disclosure statement, in processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request of the Company, I will be informed whether an investigative consumer report was requested, and will be given full information as to the nature and scope of this investigation.\*
5. I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Administrator, CEO, or the Human Resources Manager, has any authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

INTERNAL USE ONLY

Date: \_\_\_\_\_

Action: \_\_\_\_\_

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION  
REGARDING BACKGROUND CONSUMER REPORTS**

**Important: please read carefully before signing.**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Human Resources Department of the employer, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish FIRST Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete for identification and background screening purposes only.

Date of Birth: MM/DD/YYYY \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_M \_\_\_\_F