

## **Taylored Systems**

## APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR: Date of Application: _				olication:/	/
Last		First		Middle	
ADDRESSStreet		City	State	Zip Co	
	)	Email:		•	
If you are under 18, can y Have you ever been emplo Are you legally eligible fo	ou furnish a work permit?	?	Yes	s No	
	red: Full-time Part-ti	me Temporary Se	asonal Educatio	nal Co-op	
Driver's license number (	If required by job)		State		
EMPLOYMENT HISTOI experience.	RY: List your last four (4) em	ployers, assignments or volu	unteer activities, startir	g with the most recer	nt including mili
FromTo	Employer _		Telepho	one	
ob Title	Address				
Summarize the nature of v	work performed & responsibil	ities			
Immediate Supervisor & 7	Γitle				
Reason for leaving		Hourly Rate: Start \$	per	Final \$ p	per
From To	Employer _		Telepho	one	
fob Title	Address				
Summarize the nature of v	work performed & responsibil	ities			
	Fitle				
Immediate Supervisor & 7		Hourly Rate: Start \$	per	Final \$ per	r
		110 u11) 1 u101 Su11			
Reason for leaving	Employer _		Telepho	one	

Immediate Supervisor & Title					
Reason for leaving	Hor	urly Rate: Start \$	per _	Final \$	per
From To	Employer	verTelephone			
Job Title Ad	dress				
Summarize the nature of work perform	ned & responsibilities	·,			
Immediate Supervisor & Title					
Reason for leaving	Но	urly Rate: Start \$	per	Final \$	per
SKILLS AND QUALIFICATIONS Summarize special skills and qualifica		mployment or other expo	erience that m	nay qualify you for	work with our Company
EDUCATIONAL BACKGROUND  Name and Location		Years Completed	D	id you graduate? _	Course of Study
High School					
College					
Other		Major	Γ		Degree
REFERENCES					
Name		Telephone (	)	Yea	ars Known
Name		Telephone (	)	Yea	ars Known
Name		Telephone (	)	Yea	ars Known
How did you hear about us? News	paper		_	from	
CareerBuilder.com Other					
It is understood and agreed that any separation from the employer's servic reserves the right to terminate my em authority to make any assurances to the	ce if I have been empl ployment at any time,	loyed. Furthermore I und	derstand that j	ust as I am free to	resign at any time, the E
I give the Employer the right to invest the Employer and its representative information.					
Signature of Applicant Indiana's new statewide smoking ban		2 1 132	Date	/	
Indiana's new statewide smoking ban prohibited within eight feet of a public	is effective 0'//01/201 c entrance to a public	2 and prohibites smoking place and place of emploperations.	ig at most pub Syment. www	nc places and place <u>in.gov/atc</u>	s of employment. Smo



## DISCLOSURE AND RELEASE

In connection with my application for employment, including contract for services with you, I understand that consumer reports which may contain public information may be requested from EMPLOYEE MANAGEMENT SYSTEMS, Indianapolis, Indiana. The reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, etc. I further understand that such reports may contain public records information concerning my driving record, credit history, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY EMPLOYEE MANAGEMENT SYSTEMS TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to EMPLOYEE MANAGEMENT SYSTEMS, upon proper identification, of the nature and substance of all information in its files on me at the time of my request, including the source of information; and the recipients of any reports on me which EMPLOYEE MANAGEMENT SYSTEMS has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from EMPLOYEE MANAGEMENT SYSTEMS.

NAME:			
First	Middle	Last	Maiden
OTHER NAME(S) USED:			
CURRENT ADDRESS:			
	(Street Address)	(A	Apt. #)
	(CITY)	(STATE)	(ZIP CODE)
CURRENT PHONE NUMBER:	<del>-</del>		
SOCIAL SECURITY NUMBER	:	=	_
OTHER SSN USED: (Have you used another social security num			
DRIVERS LICENSE #:		State:	
STATE IDENTIFICATION CA	RD #:	State:	
		/_	
SIGNATURE			DATE

FCRA/RELEASE