



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name			Date				
Address		City	State	Zip			
Home Phone	OfficePho	ne	Other Phone				
Email Address:		Social Security Number:					
Mailing Address							
Position Sought:							
Are you employed now? [] Yes [] No If so, may we inquire of your present employer? [] Yes [] No							
Type of employment you a	re seeking: [] Full-time	[] Part-time [] Othe	٢				
Are you a US citizen, or of Have you ever been involu If yes, please describe circu	intarily terminated or aske						
If selected for employment Emergency Contact:			Relationship				
Phone Number:	Work Number: Other:						
EDUCATION							
School Name	Location	Years Attended	Degree Received	Major			
				-			

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

HUMAN RESOURCES USE ONLY				
Start Date:	Position:			
Pay Rate:		-		

EMPLOYMENT

(Most Recent First.)

1. Employer	Job Title					
Dates Employed	Job Title Prior Position Held within Company (if any): CityStateZip Job TitleSupervisor Ending Salary					
Address		_ City	State	Zip		
Phone	Job Title	Supervisor				
Starting Salary		Ending Salary				
Duties Performed						
Reason for Leaving	May we contact this employer? YesNo					
2. Employer		Job Title				
Dates Employed	Prior	Prior Position Held within Company (if any):				
Address		_ CitySupervisor	State	Zip		
Phone	Job Title	Supervisor		1		
Starting Salary		Ending Salary				
Duties Performed						
Reason for Leaving		May we contact this em	ployer? Yes	No		
3. Employer		Job Title				
Dates Employed	Prior	Position Held within Company (if any):				
Address		_ CitySupervisor	State	Zip		
Phone	Job Title	Supervisor		i		
Starting Salary		Ending Salary				
Duties Performed						
Reason for Leaving		May we contact this em	ployer? Yes _	No		
4. Employer		Job Title				
Dates Employed	Job Title Prior Position Held within Company (if any):					
Address Address		City	State	Zip		
Phone	Job Title	_ City Supervisor		I		
Starting Salary		Ending Salary				
Duties Performed		2 7				
Reason for Leaving		May we contact this emp	oloyer? Yes	No		
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Please explain any gaps in employment history:

REFERENCES

Give the name of three persons NOT related to you, whom you have known at least one year

City	State	_ Zip
Office Phone	Other Phone	
City	State	Zip
Office Phone	Other Phone	
City	State	Zip
Office Phone	Other Phone	
	Office Phone	Office Phone Other Phone CityState Other Phone CityCityState Other Phone

ACKNOWLEDGMENT AND AUTHORIZATION

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

I authorize Paymasters to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to indemnify Paymasters against any and all liability that may result from making such investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also acknowledge and understand that I am applying for employment with Paymasters, that if hired I will be an employee of Paymasters, and as a condition of my employment with Paymasters, Paymasters has the right to transfer my services to any available position, therefore, I agree to participate in any training that may be necessary to satisfy the position. I further agree that I will abide by all the rules, regulations, and policies of Paymasters and that failure to do so may be cause for termination. I further agree that in the event I am advanced any money by Paymasters or any of its subscribers, and fail to make payment as agreed, Paymasters, Inc. may deduct the amount unpaid from any wage I may have coming.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature:

Date: