



APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name: _____ Social Security Number: _____

Last First Middle

Address: _____

Street City State Zip

Phone Number: HOME: () _____ CELL: () _____

Are you a citizen or an alien authorized to work in the U.S.? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you: (circle one) 18-24 21-24 over 25 U. S. Veteran? Yes No

Education

| | Name & Location of School | Dates Attended | Graduate? | Degree/Major |
|----------------------------------|---------------------------|----------------|-----------|--------------|
| High School | | | | |
| College | | | | |
| Trade/Business or Correspondence | | | | |
| Certifications & Licenses | | | | |

Related Coursework for position applying to:

Special Skills:

Desired Employment

Position Applied For: _____ Date Available For Work: _____ Salary Range Desired: _____

Are you Employed Now? Yes No May we contact your present employer? Yes No

Referred by Comprehend Employee? Yes No If so, who? _____

Are you available to work: Full Time Part Time Temporary/Seasonal

Can you travel if required: Yes No

Are you currently on lay-off status or subject to recall? Yes No

Have you been convicted of a felony? Yes No *A conviction will not necessarily disqualify an application for employment.*

If YES, list offense and explain:

Activities:

(Exclude organizations, the names of which indicates race, creed, sex, age, marital status, color or nation of origin, or disability of its members.)

Current / Former Employers:

| Month & Year | Name & Address | Salary | Position | Reason for leaving employment? |
|--------------|----------------|--------|----------|--------------------------------|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

Do We Have Your Permission to Contact Your Previous Employers? Yes No

If NO, state reason: _____

NON-COMPETE:

Have you ever signed a non-compete agreement with your current or previous employer? Yes No

If so, what is the expiration date? _____

Professional References

| Name | Address | Phone |
|------|---------|-------|
| 1) | | |
| 2) | | |
| 3) | | |

WE ARE AN EQUAL OPPORTUNITY/ADA EMPLOYER

Applicants are considered for employment without regard to political affiliation, disability, sexual orientation, race, color, gender, age, national origin, citizenship, religion, or other legally protected status.

Applicant's Statement

By my signature below, I certify that answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in making an employment decision.

I 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 an 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 is specifically acknowledged in writing by the authorized executive of this organization.

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

I understand that this application is the property of Comprehend, Inc. and must be signed and dated below before I will be considered for employment.

Signature _____ **Date:** _____