

DESIRED EMPLOYMENT

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 applications 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.)

FORMER EMPLOYERS

U.S. Military Service: _____

State/County/City Government: _____

List three most current 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:

PROFESSIONAL REFERENCES

Name	Email Address	Phone
1)		
2)		
3)		

WE ARE AN EQUAL OPPORTUNITY/ADA EMPLOYER

Applicants are considered for employment without regard to political affiliation, disability, 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 changes 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