**APPLICATION FOR EMPLOYMENT**

**Email this to:** [**jobs@nomimaids.com**](mailto:jobs@nomimaids.com)

**ALL QUESTIONS MUST BE ANSWERED**

Federal and/or state legislation prohibits discrimination in employment because of race, color, religion, sex, national origin, age, height, weight, marital status, veteran status and disability.

|  |  |
| --- | --- |
| POSITION APPLIED FOR | DATE |
| NAME  *Last First Middle* | SOC. SEC. NO. |
| ADDRESS  *Number Street Apt. No.* | |
| *City State Zip Code* | PHONE NO.  *Area Code* ( ) |

|  |  |
| --- | --- |
| Are You Authorized To Work In The United States? \_\_\_Yes \_\_\_No | |
| Have You Ever Been Convicted of a Felony? \_\_\_Yes \_\_\_No | If Yes, Give Specifics. |
| Do You Have a Reliable Means of Transportation to Work? \_\_\_Yes \_\_\_No | |

**RECORD OF EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NAME** | **CITY/**  **STATE** | **DIPLOMA**  **DEGREE** | **CREDIT**  **HOURS**  **EARNED** | **MAJOR** |
| **High School** |  |  |  |  |  |
| **College** |  |  |  |  |  |
| **Graduate** |  |  |  |  |  |
| **Business** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**PROFESSIONAL LICENSURE, REGISTRATION OR CERTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **TYPE** | **NUMBER** | **DATE OF EXPIRATION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CLERICAL SKILLS**

|  |  |
| --- | --- |
| Typing \_\_\_\_\_\_\_\_\_\_\_\_\_ Words Per Minute | Shorthand \_\_\_\_\_\_\_\_\_\_\_\_\_ Words Per Minute |
| Tape Transcription? \_\_\_Yes \_\_\_No | Word Processing? \_\_\_Yes \_\_\_No |
| What Other Office Machines Can You Operate? | |
| List Other Special Courses, Training or Other Skills Which Would Assist You in Performing The Job Applied For: | |

**EMPLOYMENT HISTORY**

INDICATE ALL EMPLOYERS BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER. CONTINUE ON A SEPARATE SHEET, IF NECESSARY.

|  |  |
| --- | --- |
| EMPLOYED FROM TO | |
| COMPANY NAME | PHONE NO. |
| COMPLETE ADDRESS | |
| STARTING POSITION | SALARY |
| FINAL POSITION | SALARY |
| NAME OF SUPERVISOR | |
| LIST MAIN DUTIES PERFORMED | |
| REASON FOR LEAVING | |

|  |  |
| --- | --- |
| EMPLOYED FROM TO | |
| COMPANY NAME | PHONE NO. |
| COMPLETE ADDRESS | |
| STARTING POSITION | SALARY |
| FINAL POSITION | SALARY |
| NAME OF SUPERVISOR | |
| LIST MAIN DUTIES PERFORMED | |
| REASON FOR LEAVING | |

|  |
| --- |
| HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM EMPLOYMENT?  YES  NO |
| IF YES, PLEASE EXPLAIN |

**PLEASE READ CAREFULLY**

I certify that all of the answers and information given by me in this application are true, accurate and complete without qualification. If I am hired, I understand that if the Companyat any time determines that any of the requested information was withheld by me or any of the statements furnished above were false, inaccurate or misleading, I will be subject to immediate dismissal once the facts become known.

I authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by any employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Companysuch employment will not result in a contract for employment and that the Companymay terminate my services at will at anytime for any reason or no reason at all. I further recognize that if I am employed by the CompanyI will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by the Company with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by the Company. I recognize I will be required to work overtime as needed.

**I Understand That No Representative of the Company Has any Authority to Enter into any Agreement For any Specific Period of Time, or to Make any Agreement Contrary to the Foregoing. Any Agreement Altering the Terminable At Will Nature of the Employment Relationship Must Be in Writing and Signed by Myself and the Chief Executive Officer of the Company.**

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

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*DATE SIGNED*