

## 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.

First	M. Initial	Last	D	ate		
Address	Apt	City	State	Zip		
Cell Phone	Office Phone		Other Phone			
Email Address	Social Security Number					
Position Sought						
Are you employed now? [ ] Y	es [ ] No If so, may we in	nquire of your present	employer? [ ] Yes [ ] No			
Type of employment you are se	eking: [ ] Full-time [ ] P	art-time [ ] Other:				
Are you a US citizen, or otherw	vise authorized to work in th	ne U.S. without any res	triction? [ ] Yes [ ] No			
Have you ever been involuntari	ly terminated or asked to re-	sign from any position	of employment? [ ] Yes [	] No		
If yes, please describe circumsta	ances:					
If selected for employment, are	you willing to submit to a p	pre-employment drug s	screening test? [ ] Yes [ ]	No		
Emergency Contact Name:			Relationship			
•	Work Number Other					
School Name	Location	EDUCATION Years Attended	Degree Received	Major		
SCHOOL MAINE	Lucation	1 cars Attenueu	Degree Received	wajoi		
Other training contifications on	. Ligangag haldi					
Other training, certifications, or	ilcenses neid:					
List other information pertinent	to the employment you are	. saakina				
List other information pertinent	to the employment you are	seeking.				
	THIMAN D	DESOLIDATE LIST	ONI V			
Ct. ID.	<del>-</del>	RESOURCES USE	<u></u>			
Start Date:						
Pay Rate:		Status:	[ ] Full-time or [ ] Part-t	ime		

## **EMPLOYMENT HISTORY**

1 Employer	-	Job Title
		Phone Number
		StateZip
		Duties Performed
Reason for Leaving		May we contact this employer? ☐ Yes ☐ N
2. Employer		Job Title
Dates Employed (start)	(end)	Phone Number
Address	City	State Zip
		Duties Performed
Reason for Leaving		May we contact this employer? ☐ Yes ☐ N
3. Employer		Job Title
Dates Employed (start)	(end)	Phone Number
Address	City	State Zip
		Duties Performed
Reason for Leaving		May we contact this employer? ☐ Yes ☐ N
4. Employer		Job Title
Dates Employed (start)	(end)	Phone Number
Address	City	_StateZip
		Duties Performed
Reason for Leaving		May we contact this employer? ☐ Yes ☐ N
Please explain gaps in employment history:		
	REFEI	RENCES
Please list the names of three persons NOT rela	ated to you, w	hom you have known at least one year.
*	•	none Number
		StateZip_
		none Number
		StateZip_
		none Number
Address City		

## ACKNOWLEDGEMENT 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: