

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 We consider applicants for all positions without regard to race, color, sex, sexual orientation, religion, national origin, age, marital or veteran status, the presence of non job related medical conditions or disabilities, or any other legally protected status.

Referral Source: _____

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cellular Phone: (____) _____ Other Phone: (____) _____

Position(s) for which you are applying: _____ Date available: ____/____/____

Lowest acceptable wage: \$ _____ per _____

Are you legally eligible to hold employment in the United States?

No Yes

Are you 18 years of age or older? Yes No
 If No, birth date: ____/____/____

Have you ever worked for ManagedPAY or for the company for which you are applying for work? No Yes

If Yes, give dates: From ____/____/____ To ____/____/____

Are you known by any other name(s)? No Yes If Yes, what name(s)? _____

Work availability: Full Time Part Time Temporary Days Evenings Weekends All
 (Check all that apply)

LIST HOURS AND DAYS AVAILABLE TO WORK:

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

EDUCATION

Type of School	Name	City	State	Diploma / Degree Yes or No	Major / course of Study
High School					
College					
Technical, trade, graduate or other					

List any additional or special education, training, skills, or machines operated: _____

Have you ever been convicted (found guilty) of attempting to commit, or committing any crime other than a minor traffic violation? No Yes If Yes, list date(s): ____/____/____ For what? _____

Please Note: A conviction record will not necessarily bar individuals from employment. You are not required to reveal records that have been judicially expunged, sealed, or eradicated.

List three- (3) references who have worked with you, and who are well acquainted with your qualifications:

Name	Occupation	Phone
1. _____		
2. _____		
3. _____		

List all jobs and activities, which indicate your qualifications including military service, schooling, part-time employment while in school, employment and periods of unemployment for the past seven- (7) years. Attach separate sheet if necessary. Begin with most recent employer. Information is subject to verification.

If currently employed, may we contact your employer?
 Yes No

A resume MAY NOT be submitted as a substitute to filling out this section.

COMPANY NAME _____	Position/Title _____
Address _____	City _____ State _____ Zip _____
Dates Employed: From _____ / _____ / _____	To _____ / _____ / _____
Supervisor's Name _____	Title _____ Phone (____) _____
Starting rate of pay \$ _____ per _____	Last rate of pay \$ _____ per _____
Responsibilities: _____	
Reason for leaving: _____	
If time elapsed between positions, please explain: _____	
COMPANY NAME _____	Position/Title _____
Address _____	City _____ State _____ Zip _____
Dates Employed: From _____ / _____ / _____	To _____ / _____ / _____
Supervisor's Name _____	Title _____ Phone (____) _____
Starting rate of pay \$ _____ per _____	Last rate of pay \$ _____ per _____
Responsibilities: _____	
Reason for leaving: _____	
If time elapsed between positions, please explain: _____	
COMPANY NAME _____	Position/Title _____
Address _____	City _____ State _____ Zip _____
Dates Employed: From _____ / _____ / _____	To _____ / _____ / _____
Supervisor's Name _____	Title _____ Phone (____) _____
Starting rate of pay \$ _____ per _____	Last rate of pay \$ _____ per _____
Responsibilities: _____	
Reason for leaving: _____	
If time elapsed between positions, please explain: _____	

Immigration Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States Citizen or an Alien Resident currently authorized to work in the US. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement _____ Date _____
Applicant's Signature

READ CAREFULLY BEFORE SIGNING

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is *at-will* and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advanced notice at the option of either the company or myself.

I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the company (the aforementioned administered in accordance with state and federal laws). I also understand that employment, for certain positions, will be conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Acknowledgement _____ Date _____
Applicant's Signature