



Job Application for Employment

Equal Opportunity Employer

Name (Last Name, First)	Social Security		
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		
Email Address			

Position Applied For	Date Available	Salary Desired
Are you Employed? Yes _____ No _____		May we contact your present employer? Yes _____ No _____
Ever Applied to this company before Yes _____ No _____	Where	When

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School			
College			
Other			

Special Training/Skills or Volunteer Work
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Employment History

Date Employed	Name & Phone No. of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				



References (Do Not List Family Members)

Name	Home/Cell Phone	Work Phone	Relationship

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employees listed above to give any and all information concerning my previous employment and any pertinent information there may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by the authorized company representative.

Date _____ Signature _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

Interviewed by _____ Date _____

Comments		
Hired	Position	Shift
Start Date	Salary	



Release Authorization

In connection with my application for employment, I understand that an investigative consumer report may be required that will include information as to my character, work habits, performance, and experience along with reason for termination of past employment. I understand that as directed by company policy and procedure with the job described, you may be requesting information from public and private sources about my worker's compensation injuries, driving record, criminal history, education, credentials, credit, and references. Medical and worker's compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information. I acknowledge that a telephonic facsimile (FAX), email or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies including the Alabama Department of Labor.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, SCHOOL, EMPLOYER REFERENCE, OR INSURANCE COMPANY CONTACTED BY FIRST ADVANTAGE, OR IT'S AGENT, TO FURNISH THE INFORMATION DESCRIBED IN PARAGRAPH ONE.

Today's Date _____ Signature _____

The following must be filled out completely for your application to be considered.

Last Name First Name MI

Maiden Name/Other Names Used

Home Address

City State Zip

Social Security Number Date of Birth

Driver's License Number State Issued

Email or Phone Number (for background check authorization)