

Statewide Enterprises, Inc. Employment Application

<h2>General Data</h2>					
Last Name	First Name	Middle			
Have you ever used another name? ___ Yes ___ No					
If yes, please specify for purposes of a reference check:					
Present Address	Number	Street	City	State	Zip Code
Home Telephone Number ()			Alternative Telephone Number ()		
Position Applying for			Date of Application		
Full Time or Part Time			Shift of Hours Preferred		
Social Security Number - -		Drivers License Number / Identification Card Number		Expiration Date	

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

<h2>Personal Data</h2>					
Person to notify in case of an Emergency:		Name	Home Telephone Number ()		
Present Address	Number	Street	City	State	Zip Code
How did you hear of this job opening?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	<input type="checkbox"/> Employment		
<input type="checkbox"/> Relative	<input type="checkbox"/> Other				

List membership in professional organizations which you feel would enhance your application. (You may exclude any whose names would indicate the race, religious creed, color, national origin, ancestry, age, marital status, disability status, gender, gender expression, gender identity, sexual orientation, or military or veteran status of its members.)

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

Typing Speed (wpm):	
Machines Operated:	
Other training/skills (include bilingual ability if relevant to the position for which you are applying):	

Professional & Technical Applicants Only

Professional License Number:	Expiration Date:	Type of License:	State:
------------------------------	------------------	------------------	--------

Can you safely perform the essential functions of the position for which you have applied, as set forth on the job description, with or without reasonable accommodation? Yes No

Education	High School	College	Trade, Professional School or other
Name			
Address			
City, State, Zip			
Number of Years			
Course or Major			
Diploma/Degree			

Work Experience

Please note: if you have a resume with you or have submitted one, please only complete left side.

Present Employer	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	
Previous Employer(s)	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	
	Duties Performed
Length of Service (Dates) From To	
Address	
Telephone Number(s)	
Supervisors Name and Position	
Your job Title	
Reason for leaving	
May we contact them now? ___YES ___ No (If still employed)	

Applicant's Statement

I hereby certify that I have been informed of the duties, the hours and work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application may be considered sufficient cause for immediate termination in the event that I receive and accept a job offer. I agree that if employed, I will abide by all policies and procedures established by the Company.

I hereby acknowledge that my employment is "at-will," meaning that I may resign at any time and/or that the Company may terminate my employment at any time, with or without cause, and with or without notice. I further acknowledge that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the "at-will" employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____
Signature of Applicant

Date

Backgrounds check permission (comprehensive) for prospective employee.

In connection with my application for employment with **Statewide Enterprises, Inc.** (the "Company"), I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the Company's consideration of my employment application, I give permission to the Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PREVIOUS EMPLOYERS

I specifically give permission to Company to contact all of my previous employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Company. I further waive all rights I may have under law to receive a copy of any written statement provided to the Company by any of my current or previous employers. I further agree to indemnify all current or previous employers for any liability they may incur because of their reliance on this agreement.

Notwithstanding the above, I understand that the Company shall not demand, seek or request from any current or previous employer information regarding my salary or compensation history, nor do I give any current or previous employer permission to provide such information to the Company.

3. CONSENT TO RELEASE OF INFORMATION

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or government agency concerning or relating to me. I further consent to the release of such information and waive any right under the law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate the Company as my agent for the receipt of such information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any current or former employer, or federal, state, or local governmental agency will not release reference information or criminal history information directly to the Company, I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This agreement represents the entire understanding and agreement relating to its subject matter. The Company shall be entitled to fully to rely on this agreement. I understand that I have no guarantee of employment and that the Company may decide not to hire me for any lawful reason.

Applicant's Signature

Date

Applicant's Printed Name

For Company Use Only

Interviewed: Yes No

Remarks:

Employed: Yes No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By: _____

Name and Title

Date