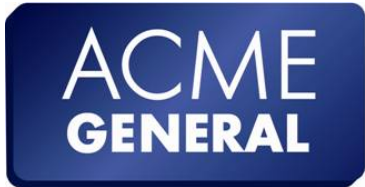


ACME GENERAL APPLICATION FOR EMPLOYMENT



Acme General is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, creed, national origin, religious, marital status, sexual orientation, political belief or disability.

United States Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Social Security Number: Date of Birth:

Personal Information:

Name:

Address:

City / ST / Zip:

Telephone #:

Cellular #:

Email Address:

How do you want us to contact you?: Telephone Cellular Email

Are you legally eligible to work in the United States? Yes No

Employment History

Begin with the Most Recent

Start Date: End Date: Employer Name:

Address - City, State and Zip:

Position, Title, Duties/Responsibilities/Skills:

Reason for Leaving: Supervisor's Name: Telephone #:

Start Date: End Date: Employer Name:

Address - City, State and Zip:

Position, Title, Duties/Responsibilities/Skills:

Reason for Leaving: Supervisor's Name: Telephone #:

Start Date: End Date: Employer Name:

Address - City, State and Zip:

Position, Title, Duties/Responsibilities/Skills:

Reason for Leaving: Supervisor's Name: Telephone #:

Start Date: End Date: Employer Name:

Address - City, State and Zip:

Position, Title, Duties/Responsibilities/Skills:

Reason for Leaving: Supervisor's Name: Telephone #:

Start Date: End Date: Employer Name:

Address - City, State and Zip:

Position, Title, Duties/Responsibilities/Skills:

Reason for Leaving: Supervisor's Name: Telephone #:

Military Service:

Did you Serve in the Military? Yes No

Rank / Duties / Specialized Training:

Education:

Level	Name	Years Completed	Field of Study	Graduate or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College / University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business / Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References:

Please list three (3) References who are not Relatives or Former Supervisors

Name	City / State	Telephone Number	Occupation	Year Known

Professional Affiliations:

Do not list any activities which indicate age, sex, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability

[Empty text box for Professional Affiliations]

Certificates or Additional Training Programs:

List any certificates and/or certifications or any additional training programs earned or in progress of not included in your formal education

[Empty text box for Certificates or Additional Training Programs]

ACME GENERAL EMPLOYEE AT-WILL VERIFICATION AND RELEASE

All hiring and employment at Acme General is at will

I understand that this application is not an employment contract or offer of employment nor can it be used to create one. I acknowledge and understand that employment at or with Acme General has no specific term and may be terminated by me or Acme General with or without notice. I acknowledge that Acme General has not made any promises or representations that differ from those in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with Acme General and that my failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institutions or government agency from all liability with regard to furnishing information to Acme General. I further agree to release and hold harmless Acme General from all liability with respect to the receipt and use of such information.

I certify that the information I have furnished on this application form and any accompanying schedules or forms is true and complete. I understand that if any misrepresentations have been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Acme General may be terminated.

Signature: _____

Date: [Empty text box]

ACME GENERAL EMPLOYEE APPLICANT RELEASE FOR BACKGROUND INQUIRIES

In connection with my application for employment (including contract for services) with Acme General and as a condition of my continued employment with Acme General, I understand that investigative background inquiries are to be made on me including previous employers, consumer credit, criminal records and convictions, motor vehicle records and other reports at the option of Acme General. These reports will include requests for information regarding my character, work habits, performance, education, compensation and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Acme General may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above-referenced information and release Acme General and all other parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above from Acme General and/or any of its agents. This authorization shall be valid in original, fax or copy form.

Full Name:

Social Security Number:

Sex: Male Female Date of Birth:

Other Name Used: Dates:

Other Name Used: Dates:

Current Driver's License #: Issuing State:

Previous Driver's License #: Issuing State:

List All Address for Past Seven (7) Years

Current Home Address:

City / State / Zip:

Previous Home Address:

City / State / Zip:

Previous Home Address:

City / State / Zip:

Previous Home Address:

City / State / Zip:

Signature: _____ Date: