

APPLICANT INFORMATION

Position Applied For:		Date:	
Name (Last, First, Middle)		Home Phone / -	
Address		Work Phone / -	
City, State, Zip Code		County	Cell Phone / -
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Desired Salary \$	Date Available to Begin Work:	Email Address:

GENERAL INFORMATION

Please answer the following questions.

Have you ever been employed with The ServiceSource Network?
 Yes No If so, when?

Are you lawfully entitled to work in the United States?
 Yes No

Can you fully perform the functions of the position for which you are applying with or without accommodations?
 Yes No

Are you under 16 years of age?
 Yes No

Do you have any friends or relatives employed by The ServiceSource Network?
 Yes No
If yes, list name(s) _____

Are you willing to take a drug test, criminal background and driver record screening (at our expense) as part of the hiring process and in response to an incident or accident, if later required by policy or requested by the corporation?
 Yes No

Have you been convicted of a felony or a violent crime, which has not been expunged, from your record?
(Conviction of a felony or misdemeanor may not automatically disqualify you from employment depending on the crime &/or date).
 Yes No

If yes, list date, city, charge, and disposition: _____

List any special skills, experiences or certifications, which are relevant to the positions(s) you are seeking:

List any foreign languages that you:

	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

Please list all current and prior employment starting with the most recent. Account for any time during this period in which you were unemployed including military service. If necessary, attach an additional sheet. If submitting a resume, complete any information not listed on your resume.

Are you presently employed? _____

May we contact your present employer? _____

Start Date / /	Employer Name	Your Title or Position Held	Supervisor
Date Left / /	Address		Phone Number
Major duties:			
List Amount of Salary: \$ _____ Hourly \$ _____ Monthly \$ _____ Annual		Reason for Leaving:	

Start Date / /	Employer Name	Your Title or Position Held	Supervisor
Date Left / /	Address		Phone Number
Major duties:			
List Amount of Salary: \$ _____ Hourly \$ _____ Monthly \$ _____ Annual		Reason for Leaving:	

Start Date / /	Employer Name	Your Title or Position Held	Supervisor
Date Left / /	Address		Phone Number
Major duties:			
List Amount of Salary: \$ _____ Hourly \$ _____ Monthly \$ _____ Annual		Reason for Leaving:	

Start Date / /	Employer Name	Your Title or Position Held	Supervisor
Date Left / /	Address		Phone Number
Major duties:			
List Amount of Salary: \$ _____ Hourly \$ _____ Monthly \$ _____ Annual		Reason for Leaving:	

If you were using another name during any of the employment periods that you listed, please specify the name used.

Explain any gaps of more than six months during your employment.

EDUCATION

TYPE OF SCHOOL	LIST NAME, CITY & STATE OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED				COURSE OF STUDY	DID YOU GRADUATE?		LIST DIPLOMA OR DEGREE
		1	2	3	4		YES	NO	
HIGH SCHOOL									
COLLEGE/ UNIVERSITY									
BUSINESS OR TRADE									
OTHER (SPECIFY)									
Relevant Certifications (type and date)									

MILITARY SERVICE

Complete this section if you served in the U.S. Armed Forces.

Branch of Service: _____ Period of Active Duty From: _____ To: _____

Rank/Rate at Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training:

MEMBERSHIP(S) IN PROFESSIONAL ORGANIZATIONS

List any memberships you have with professional organizations (exclude those that may disclose race, religion, or national origin):

REFERENCES

Give three (3) professional/business references you have worked with or who are familiar with your work.

Please do not list friends or relatives.

Name	Organization Name	Relationship	Phone #	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RECRUITMENT/REFERRAL SOURCE

- Walk in
- ServiceSource Network Employee (Name) _____
- Advertisement (specify) local paper _____ magazine _____ job fair _____
- Other _____

APPLICANT CERTIFICATION

All applicants, please read the following and address any questions to the Human Resources Representative before signing below.

This application will remain on file for six months. If you have not been employed within six months of your application, you must re-apply.

- I understand that if I am employed by The ServiceSource Network, employment is “at will,” which means that employment is not for a definite period and may be terminated by either myself or The ServiceSource Network, in the sole discretion of either, for any reason, at any time. I understand that no one at The ServiceSource Network has authority to make any different agreement. I understand that if employed by The ServiceSource Network, that satisfactory completion of my introductory period will not change my status as an “at will” employee.
- I hereby authorize The ServiceSource Network to obtain from schools, companies, other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied and release the same from any liability resulting from providing such information.
- I hereby acknowledge that the ServiceSource Network maintains a drug free workplace policy, which dictates drug screening as part of the application process.
- I hereby acknowledge that the ServiceSource Network may require me to complete and successfully pass a criminal background and driving record screening as a part of the screening process.
- I understand that if employed by The ServiceSource Network, I will be required within three business days of my date of hire to provide The ServiceSource Network with document(s) that establish my identity and eligibility to work in the United States, as required by the Immigration & Naturalization Services.
- I certify that I have never been terminated from employment or convicted of a crime due to unauthorized physical contact, abuse or neglect of a consumer/client, program participant, child, or elderly person.
- Finally, I understand that if employed by The ServiceSource Network, I am required to successfully complete training requirements pertaining to my position in the time period required.

I certify that statements and answers made on this application for employment with The ServiceSource Network are true, correct and complete and I hereby grant The ServiceSource Network permission to verify the information provided. I understand that the submission of false information or the failure to submit complete information requested herein shall constitute grounds, among others, for rejection of my application or immediate termination in the event that I am hired.

Signature _____ Date _____