

EMPLOYMENT APPLICATION
(PRINT ALL INFORMATION)

Date _____ 20____ Position Applied For: _____

-----**PERSONAL INFORMATION**-----

Name _____ Maiden Name _____
(Last, First, Middle)

Address _____ Telephone _____
Telephone _____

Birth Date _____ Social Security No. _____

Are You US Citizen? _____ If not, explain _____

Drivers License No. _____ Do you have a car? _____

Do you smoke? _____ Foreign Languages Spoken: _____

Are you receiving unemployment benefits now? _____

Have you ever been convicted of a crime? _____ If yes, describe in full _____

In an Emergency, Notify: _____ Telephone _____

Do you have commitments which may prevent you from coming to work every day or from working overtime? _____ If yes, describe in full _____

-----**JOB POSITION**-----

Position Applied For: _____ Rate of pay expected? _____ per hour

Full Time _____ Part-Time _____ If Part-Time, specify days and hours: _____

Were you previously employed by us? _____ If yes, when and position _____

List any friends or relatives working for us:

(Name)	(Relationship)	(Position)
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Are there any experiences, skills or qualifications which you feel would especially qualify you for your position? _____

If you are considered favorably, on what date will you be available for work? _____

-----**MILITARY SERVICE RECORD**-----

Were you in US Armed Services? _____ If yes, what branch? _____

Dates of Duty? From: _____ To: _____ Rank at Discharge: _____

Was Discharge Honorable? _____ If no, explain: _____

List duties in the service, include special training: _____

[Please use back of application for additional information.]

(PRINT ALL INFORMATION)

(PRINT ALL INFORMATION)

RESIDENCE INFORMATION

A. Present Address _____ Telephone No. _____
 How Long Here _____ Apt. or Condo Name _____
 Name of Landlord or Mortgagee _____ Telephone No. _____
 Address _____

B. Previous Address _____ Telephone No. _____
 How Long Here _____ Apt. or Condo Name _____
 Name of Landlord or Mortgagee _____ Telephone No. _____
 Address _____

CHARACTER REFERENCES

1. Name _____ Residence Phone _____
 Address _____ Office Phone _____

2. Name _____ Residence Phone _____
 Address _____ Office Phone _____

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application or receipt of information deemed derogatory shall be considered sufficient cause for dismissal.

I understand and agree that, if employed, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. I understand that if hired, there is a ninety (90) day probationary period.

If this application is not legible or is not completely filled out, THE PELICAN GROUP (and the employer) will not be liable or responsible for any inaccurate information in the investigation and related report (to the employer) caused by such omissions or illegibility.

By signing, the applicant recognizes that the employer or The Pelican Group may investigate the information supplied by the applicant and a full disclosure of the pertinent facts may be made to the employer. The investigation may be made on the applicants character, employment background, educational background, general reputation, mode of living, police arrest record, and any other inquiries requested by the employer. The employer may also require a credit report through a credit reporting agency.

The Civil Rights Act of 1994 prohibits discrimination in employment practice because of race, color, religion, sex or national origin.

NAME _____
(Signature of Applicant)

The Age Discrimination Act of 1964 prohibits discrimination on the basis of age with respect individuals who are at less 40 but less than 70 years of age.

DATE _____

This form has been designed to strictly comply with state and federal employment practice laws prohibiting employment discrimination. This application for employment form is for general use and The Pelican Group assumes no responsibility for the inclusion in said form of any questions which when asked by the employer of the job applicant may violate state and/or federal law. Every attempt is made to comply with federal and state law. The Pelican Group cannot guarantee that this form complies with all laws and regulations.

(ADDITIONAL INFORMATION - USE BACK SIDE OF PAGE)

EDUCATION

School	Name and Address of School	Courses of Study	Years Attended		Check Last Year Attended				Did You Graduate? () Yes () No	List Diploma or Degree
			From	To	1	2	3	4		
High	(Name)				1	2	3	4		
	(Address)									
College	(Name)				1	2	3	4		
	(Address)									
Other (Specify)	(Name)				1	2	3	4		
	(Address)									

EMPLOYMENT RECORD

List below, beginning with your most recent, present and past employment:

A. Current Employer _____ From _____ To _____
 Address _____
 Telephone No. _____ Weekly Income \$ _____ Supervisor _____
 Department _____ Reason for Leaving _____
 Describe in detail the work you did: _____

B. Previous Employer _____ From _____ To _____
 Address _____
 Telephone No. _____ Weekly Income \$ _____ Supervisor _____
 Department _____ Reason for Leaving _____
 Describe in detail the work you did: _____

C. Prior Employer _____ From _____ To _____
 Address _____
 Telephone No. _____ Weekly Income \$ _____ Supervisor _____
 Department _____ Reason for Leaving _____
 Describe in detail the work you did: _____

Have you ever been bonded? _____ If yes, on what jobs? _____

-----EMPLOYEE INFORMATION SHEET-----

EMPLOYEE: _____ SOCIAL SECURITY # ____ / ____ / ____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

NOTIFY: 1. _____ RELATIONSHIP: _____
ADDRESS _____ PHONE: _____

NOTIFY: 2. _____ RELATIONSHIP: _____
ADDRESS _____ PHONE: _____

DOCTOR: _____
ADDRESS: _____
_____ PHONE: _____

MEDICATION NOW BEING TAKEN: _____

MEDICATION ALLERGIES: _____

DATE: _____