



EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Personal

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked?
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)			When will you be available to begin work?
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Convictions will not automatically disqualify job candidates. The nature and date of conviction will be considered.			

Employment

1	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		Do NOT CONTACT Employer Number(s) _____ Reason _____

Education/
Military

Circle last year completed	Elementary	5	6	7	8	Describe other education, training, or skills (languages, machine operation, etc.)
	High School	1	2	3	4	
	College	1	2	3	4	
Have you received any job-related training in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give dates and explanation:					

References

Name	Address	Phone Number	Relationship/Occupation	Years Known

Please Read Carefully Before Signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Carroll Institute that such employment with Carroll Institute is at will, for no specified duration and may be terminated by either Carroll Institute or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Carroll Institute or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Carroll Institute except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of Carroll Institute.

In consideration for employment with Carroll Institute, if employed, I agree to conform to the rules, regulations, policies and procedures of Carroll Institute at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Carroll Institute business, attendance and punctuality are considered essential requirements of every job at Carroll Institute and that poor attendance or tardiness will result in disciplinary action. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Carroll Institute and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

If I am extended an employment offer I do hereby consent to allow Carroll Institute and testing laboratories to perform a chemical screening procedure on me for the presence of drugs or other psychoactive, chemical substances. I give my permission to release the results of this test to Carroll Institute. I understand that my final employment is contingent on successful meeting standards set by Carroll Institute.

The undersigned in connection with this application authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Carroll Institute or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Signature	Date
Name and number of person completing this form if other than applicant	Date 9/00