

Position Preferences

For what position are you applying: _____

Salary desired: \$_____ per _____ (specify amount per hour/week/month/year)

Schedule desired: _____ Full Time _____ Part Time Number of Hours Per Week: _____ to _____

Could you work overtime? ___ Yes ___ No ___% of time

What date could you start work? _____

Could you travel if required by this position? ___ Yes ___ No ___% of time

Education

High School

School Name: _____

City and State: _____

of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

Graduate School

School Name: _____

City and State: _____

of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education. Please list any additional on an additional sheet.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Employment History

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer

Company Name: _____

Address, City, State, Zip: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact this employer: ____ Yes ____ No

Previous Employer

Company Name: _____

Address, City, State, Zip: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact this employer: ____ Yes ____ No

Previous Employer

Company Name: _____

Address, City, State, Zip: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact this employer: _____ Yes _____ No

Previous Employer

Company Name: _____

Address, City, State, Zip: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: \$ _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact this employer: _____ Yes _____ No

Professional References

1) Name: _____ Title: _____ Company: _____

Phone: _____ Professional Relationship: _____

2) Name: _____ Title: _____ Company: _____

Phone: _____ Professional Relationship: _____

3) Name: _____ Title: _____ Company: _____

Phone: _____ Professional Relationship: _____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company 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 mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from OnYourMark, LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

_____ Initials

All hiring and employment at OnYourMark, LLC is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by OnYourMark, LLC has no specific term and may be terminated by the employee or OnYourMark, LLC with or without notice. I acknowledge that OnYourMark, LLC has not made any promises or representations that differ from those contained in this paragraph.

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

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to OnYourMark, LLC I agree to release and hold harmless OnYourMark, LLC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form and any attached documentation is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with OnYourMark, LLC may be terminated.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will 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 mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from [Company] and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name: _____ Sex: ___ Male ___ Female

Print other names you have used: _____ Dates used: _____

Date of Birth (mm/dd/yy): _____ Social Security #: _____

Current Drivers License #: _____ Issuing State: _____

Other Drivers License #s: _____ Issuing State: _____

Home Addresses

(for the last 7 years, list most current first -- use back for more space):

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Dates: From: _____ To: _____

Check here if there are addresses listed on back: _____