

PROFESSIONAL EMPLOYMENT PARTNERS, LLC.

Name _____ **Date** _____
First Middle Last

Address _____

City State Zip

Phone (____) _____ **Social Security No.** ____-____-____

Emergency Contact _____ **Phone** (____) _____

Email Address: _____

PREVIOUS EMPLOYMENT (Starting with most current)

Date Mo/Day/Year	Salary	Company:	Industry:
From:	Start:	Address:	
To:	End:	City, State, Zip	
Job Title:		Work Performed:	
Reason for leaving:			
Supervisor:		Phone: (____)-____-____	
Date Mo/Day/Year	Salary	Company:	Industry:
From:	Start:	Address:	
To:	End:	City, State, Zip	
Job Title:		Work Performed:	
Reason for leaving:			
Supervisor:		Phone: (____)-____-____	
Date Mo/Day/Year	Salary	Company:	Industry:
From:	Start:	Address:	
To:	End:	City, State, Zip	
Job Title:		Work Performed:	
Reason for leaving:			
Supervisor:		Phone: (____)-____-____	

Education	Name/Location	Graduate	Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What positions are you applying for? _____

Date you are available to start work? _____

Expected minimum salary: \$ _____

Preferred working locations? 1) _____ 2) _____
 3) _____ 4) _____

Certifications Earned (i.e. Welding, OSHA, Etc.) _____

Do you have a valid driver's license? Yes No

Are you 18 or older? Yes No

Have you ever been convicted of a felony or misdemeanor other than traffic violations?
 Yes No

If yes, state nature of the offense(s), date and location of the conviction, and sentence imposed?

NOTE: A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. Rather, we will consider the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for.

**CONSENT TO CHECK REFERENCES & RECORDS
AUTHORIZATION TO RELEASE CONFIDENTIAL
INFORMATION**

1. As a part of my employment, I authorize my employer and its agents to verify the information provided by me on my employment application, including employment or business references and education, for purposes of determining my suitability for employment, and to check public records in connection with criminal convictions (to the extent permitted by law).
2. I authorize the companies listed below to disclose to my employer and its agent's any and all information related to my work habits performance including attendance, reliability, reason for leaving, and eligibility for rehire, without giving prior notice of such disclosure. In addition, I hereby release my employer and its agents, my former employers, and all other persons, corporation's partnerships and associations providing such information from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
3. I further authorize my employer and its agents to disclose any information submitted by me in connection with my application for employment, including my employment application, I-9 verification, and testing results, as well as the results of any reference, criminal and/or DMV checks, as described in paragraph 1 above, to client-companies for purposes of determining my suitability for assignment.

Company names

Please don't contact following companies

Signature of applicant _____ Date _____

Printed name _____ Social Security No. ____ - ____ - ____

Other names used _____ Driver License No. _____
State _____

Professional Employment Partners, LLC.

305 N. Heaton St.
Knox, IN 46534

Background Check Authorization

In accordance with The Fair Credit Reporting Act section 604 (b) (2) (A) you are authorizing Professional Employment Partners LLC to obtain a background report for the purpose of new or continuing employment. Professional Employment Partners LLC may share this report with its affiliates and clients as necessary.

Name _____ Social Security No. _____

Current address _____ Date of birth _____

Signature _____ Date _____

