



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired [] FULL-TIME ONLY [] PART-TIME ONLY [] FULL- OR PART-TIME

When available for work? _____

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), NUMBER OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [] No [] Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No	Word <input type="checkbox"/> Yes Processing <input type="checkbox"/> No _____ WPM
Personal <input type="checkbox"/> Yes PC <input type="checkbox"/> Computer <input type="checkbox"/> No Mac <input type="checkbox"/>	Other _____ Skills _____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Gift of Time Ohio Premier Concierge LLC, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Gift of Time Ohio Premier Concierge LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Gift of Time Ohio Premier Concierge LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including National Criminal search, Workers' Compensation records, Motor Vehicle records, and Employment Verification. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Gift of Time Ohio Premier Concierge LLC will obtain an investigative consumer report.

The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The following Consumer Reporting Agency will prepare the report:

ChoicePoint Services Inc.
1000 Alderman Dr.
Alpharetta, GA 30005

Applicant/Employee Name and Signature Date

Social Security Number * Date of Birth *

Printed Name _____

Street Address _____

City, State, Zip _____

AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with Gift of Time Ohio Premier Concierge LLC.

I hereby authorize ChoicePoint Services Inc., on behalf of Gift of Time Ohio Premier Concierge LLC. to procure a consumer report (known as an investigative consumer report in Ohio) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

___ YES, I would like a free copy of my consumer report.

Applicant/Employee Name and Signature Date

_____-_____-_____
Social Security Number * Date of Birth *

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If consumer checks "YES" regarding the credit report, and you do request a credit report, please fax this form to your ChoicePoint service center.

Account Number: _____