

## ALMOND & ASSOCIATES

Last Name, First Name		M.I.	Home Phone	EDUCATION HIGH SCHOOL	SCHOOL	DATES
Address			Work Phone	COL/UNIV		
City	State	Zip	Cell Phone	BUS/TECH		
Career Choice		Min. Salary	Email	DEGREE		
1.				MAJOR/MINOR		
2.		Salary Desired	Preferred Job Location(s)	OTHER		
3.					Social Security Number	
					Willing to relocate? <input type="radio"/> Yes <input type="radio"/> No	
Do you wish to work F/T? <input type="checkbox"/> P/T? <input type="checkbox"/> Temp? <input type="checkbox"/>			Have you ever worked for/applied to an employment agency? <input type="radio"/> Yes <input type="radio"/> No		If so, where?	

### EMPLOYMENT HISTORY

Started Mo/Yr	Left Mo/Yr	Start \$	End \$	Position(s) Held: Accomplishments:	Reason for Change
Company					
City State		Industry Type		Supervisor's Name and Title	Phone
Started Mo/Yr	Left Mo/Yr	Start \$	End \$	Position(s) Held: Accomplishments:	Reason for Change
Company					
City State		Industry Type		Supervisor's Name and Title	Phone
Started Mo/Yr	Left Mo/Yr	Start \$	End \$	Position(s) Held: Accomplishments:	Reason for Change
Company					
City State		Industry Type		Supervisor's Name & Title	Phone

### CONTACTS

List the names and contact info of those with clerical, customer service, HR, or accounting skills who would benefit from our services (optional):

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_

List 2 co-workers who can comment on your performance (optional):

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list 2 people who know you and can always contact you or take a message for you (optional):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Have you been convicted of a crime within the last 7 years?  Yes  No Explain: \_\_\_\_\_  
(A conviction will not automatically bar an applicant from consideration.)

Have you filed bankruptcy within the last 7 years?  Yes  No If so, when? \_\_\_\_\_

**Applicant Agreement:** By signing below, I acknowledge my understanding that the information requested on this card is for employment purposes, and I hereby affirm that all statements made in completing this form are true and complete. I further understand that some client companies may request Almond & Associates to check the references of prospective employees and/or request a drug/alcohol screening test. Therefore, I hereby give Almond & Associates permission and authority to conduct background and reference checking in consideration of employment with Almond & Associates or one of its clients. I further understand and agree to submit to a drug/alcohol screening test if requested by Almond & Associates or one of its clients.

**At Will Acknowledgement:** I further understand that neither this application for employment or any other forms, materials or testing instruments is an employment agreement, either expressed, or implied, and understand that Almond & Associates does not guarantee I will be placed in a position. Placement will be based solely upon availability of positions and a match between my skills and abilities and that of the position being filled. I understand if am placed, my employment is "at will" and my employment and compensation can be terminated, with or without cause, with or without notice at any time, at the option of either the company or myself.

\_\_\_\_\_  
 Applicant Signature Date