|  |                           | Д                            | LMOND & ASSO                            | CIATES                                 | Fields                  | marked with a        | an * are required |          |
|--|---------------------------|------------------------------|---|--|-------------------------|----------------------|-------------------|----------|
| *Last Name, First Name M.I.  |                           |                              | *Home Phone:                            | EDUCATION                              | SCH                     | OOL                  | GRADUATED         |          |
|  |                           |                              |   | HIGH SCOOL                             |                         |                      | Yes / No          |          |
| *Address   |                           |                              | Work Phone:                             | COL/UNI                                |                         |                      | Yes 🔲 / No 🔲      |          |
|  |                           |                              |   | BUS/TECH                               |                         |                      | Yes / No          |          |
| *City State Zip  |                           |                              | *Cell Phone                             | DEGREE                                 |                         |                      |                   |          |
| City   | State 21                  | Ρ                            | Cell Filone                             | MAJOR/MINOR                            |                         |                      |                   |          |
| Full-time? Part-time?  | Temp-to-hire? ☐ Tem       | n? П                         | Willing to relocate? Yes ☐ / No ☐ OTHER |  |                         |                      |                   |          |
| *Career Choice Min. Salary *Email  |                           |                              | Willing to relocate: Tes                | Have you ever worked for/applied to an |                         |                      |                   |          |
| 1.   | ,                         |                              |   | employment ag                          | ency? Yes 🔲 .           | / No 🔲               |                   |          |
| 1.   | Desired Salary            | *Prefer                      | red Job Location(s)                     |  | If so, where?           |                      |                   |          |
| 2.   |                           |                              |   |  |                         |                      |                   |          |
| 3.   |                           |                              |   |  |                         |                      |                   |          |
| EMPLOYMENT HISTORY   |                           |                              |   |  |                         |                      |                   |          |
| Started: (Mo/Yr) Left: (Mo/Yr)   |                           |                              | *Position(s) Held:                      |  |                         | Reason for Change:   |                   |          |
| *Company   |                           |                              | Accomplishments:                        |  |                         |                      |                   |          |
|  |                           |                              |   |  |                         |                      |                   |          |
|  |                           |                              |   |  |                         |                      |                   |          |
| *City: State: Industry Type:   |                           |                              | Supervisor's Name and Title:            |  |                         | Phone:               |                   |          |
|  |                           |                              |   |  |                         |                      |                   |          |
| Started: (Mo/Yr) Left: (Mo/Yr)   |                           |                              | *Position(s) Held:<br>Accomplishments:  |  |                         | Reason for Change:   |                   |          |
|  |                           |                              |   |  |                         |                      |                   | *Company |
|  |                           |                              |   |  |                         |                      |                   |          |
| *City: *State:   | Industry Type:            |                              | Supervisor's Name and Title:            |  |                         | Phone:               |                   |          |
|  |                           |                              |   |  |                         |                      |                   |          |
| Started: (Mo/Yr) Left: (Mo/Yr)   |                           |                              | *Position(s) Held:<br>Accomplishments:  |  |                         | Reason for Change:   |                   |          |
|  |                           |                              |   |  |                         |                      |                   | *Company |
|  |                           |                              |   |  |                         |                      |                   |          |
| *City: State: Industry Type:   |                           | Supervisor's Name and 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:  |                           |                              |   |  |                         |                      |                   |          |
| List 2 co-workers who can comment on your performance (optional):  |                           |                              |   |  |                         |                      |                   |          |
| Name: Company: Phone:  |                           |                              |   |  |                         |                      |                   |          |
| Name:  |                           | Co                           | mpany:                                  | npany: Phone:                          |                         |                      |                   |          |
|  |                           |                              |   |  |                         |                      |                   |          |
| *Have you been convicted of a c  | rime within the last 7 ye | ears?                        | <b>—</b> ·       ·     ·                |  | y bar an applicant from | consideration )      |                   |          |
| *Have you filed bankruptcy with  | in the last 7 years? Ye   | s 🔲 /                        |   |  | y sai an applicant nom  |                      |                   |          |
| *Annlicant Agraement: By a   | igning holow Lackno       | wlodge                       | e my understanding that the inform      | nation requests                        | d on this card is       | for amplayment       | t nurnosos and l  |          |
|  |                           |                              |   |  |                         |                      |                   |          |
| 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 dr                      | ug/alcohol screening test if request    | ted by Almond                          | & Associates or         | one of its clients   |                   |          |
| *At Will Acknowledgement   | : I further understand    | l that n                     | either this application for employn     | nent or any oth                        | er forms, mater         | rials or testing ins | struments 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.  |                           |                              |   |  |                         |                      |                   |          |
| anic, at the option of either  | the company of mys        | C11.                         |   |  |                         |                      |                   |          |
| - <del></del>  |                           |                              | <del></del>                             | _                                      |                         |                      |                   |          |
| *Applicant Signature   |                           |                              | *Date                                   |  |                         |                      |                   |          |