



Employment Application – All Sections Must Be Completed

Date: _____

Incomplete information may disqualify you from further consideration.

Psyncopate, Inc. (“the company”) is an equal opportunity employer with a policy of hiring and promoting on the basis of qualifications, proven ability and level of contribution without regard to race, religious belief (including religious clothing and grooming practices), color, sex (including breastfeeding and related conditions), pregnancy, childbirth or related medical conditions, age, national origin, ancestry, sexual orientation, gender identification, physical or mental disability, medical condition, genetic characteristics, family care, marital status, status as a veteran or qualified disabled veteran, or any other classification protected by law.

Applicant Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ SSN: _____ Date of Birth: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Proof of identity and legal authorization to work in the U.S. is a condition of employment. Can you, if hired for employment, submit verification of your legal right to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever used another name? YES NO

If yes, please identify names: _____

Have you ever been convicted of a criminal offense regardless of whether that conviction resulted in a sentence, suspended sentence, probation, or other resolution following a plea, verdict, or other finding of guilt? An affirmative response to this question will not result in your automatic disqualification from employment. YES NO

If yes, please explain and include the nature of the crime(s), date(s), court(s) and deposition of the case:

Employment Information

Desired Position / Title: _____ Desired Salary (Annual): \$ _____

Full Time? Part Time? Other? Specify: _____

Willing to Work (Check Applicable) Overtime Flexible Hours Weekends Holidays

Reason You Are Applying for Employment with the Company: _____

Referral Source/Name (if applicable): _____

Have You Ever Applied for Employment with the Company? Yes No

If yes, please specify position(s) and date(s): _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years or prior 3 employers are required). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer 1: _____

Address: _____
Street Address *City* *State* *Zip Code*

Manager's Name: _____ Manager's Phone / e-mail: _____

Title / Position: _____ Responsibilities / Duties: _____

Dates: _____ Annual Base Salary: _____ Bonus: _____
From: *To:* *Starting:* *Ending:*

Benefits: Medical: Dental: Life: Retirement: Other: _____

Reason for Leaving: _____

May we contact for reference: Yes: No:

Name of Employer 2: _____

Address: _____
Street Address *City* *State* *Zip Code*

Manager's Name: _____ Manager's Phone / e-mail: _____

Title / Position: _____ Responsibilities / Duties: _____

Dates: _____ Annual Base Salary: _____ Bonus: _____
From: To: Starting: Ending:

Benefits: Medical: Dental: Life: Retirement: Other: _____

Reason for Leaving: _____

May we contact for reference: Yes: No:

Name of Employer 3: _____

Address: _____
Street Address City State Zip Code

Manager's Name: _____ Manager's Phone / e-mail: _____

Title / Position: _____ Responsibilities / Duties: _____

Dates: _____ Annual Base Salary: _____ Bonus: _____
From: To: Starting: Ending:

Benefits: Medical: Dental: Life: Retirement: Other: _____

Reason for Leaving: _____

May we contact for reference: Yes: No:

Name of Employer 4: _____

Address: _____
Street Address City State Zip Code

Manager's Name: _____ Manager's Phone / e-mail: _____

Title / Position: _____ Responsibilities / Duties: _____

Dates: _____ Annual Base Salary: _____ Bonus: _____
From: To: Starting: Ending:

Benefits: Medical: Dental: Life: Retirement: Other: _____

Reason for Leaving: _____

May we contact for reference: Yes: No:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

University / College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

University / College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

University / College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at the Company? If so, please explain:

References

Professional Reference 1

Full Name: _____ Relationship & Yrs. Known: _____

Company: _____ Phone: _____

Address: _____

Professional Reference 2

Full Name: _____ Relationship & Yrs. Known: _____
Company: _____ Phone: _____
Address: _____

Personal Reference 1

Full Name: _____ Relationship & Yrs. Known: _____
Company: _____ Phone: _____
Address: _____

Personal Reference 2

Full Name: _____ Relationship & Yrs. Known: _____
Company: _____ Phone: _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have personally completed this application. I further certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any omissions or misstatement of material fact on this application (or on any document used to secure employment) shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application (or any document used to secure employment).

_____ If selected for employment by the Company, I acknowledge my employment will be contingent upon the verification of the information provided in this application and/or during the interviewing process. I hereby authorize the Company to thoroughly investigate my references, prior employment, education, and other matters related to my suitability for employment and further authorize the references I have listed to supply the company with any information concerning my background. In addition, I hereby release the Company, its officers, personnel and agents from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time for any reason or no reason, with or

without cause and with or without prior notice, at the option of either myself or the Company, I understand that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President of the Company.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____