



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

| | | | | | |
|---|--|------------------------------|-----------------------------|---|-----------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Social Security No. | | Desired Salary | |
| Position Applied for | | | | DL State Issued: Drivers License #: | |
| Are you legally authorized to work in the U.S.? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Will you now or in the future require sponsorship for employment Visa status? | |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| | | | | If yes, explain | |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES

Please list three professional (business/previous employers) references.

| | | |
|-----------|--|------------|
| Full Name | | Supervisor |
| Company | | Phone |
| Address | | |
| Full Name | | Supervisor |
| Company | | Phone |
| Address | | |
| Full Name | | Supervisor |
| Company | | Phone |
| Address | | |

PREVIOUS EMPLOYMENT

| | | | |
|--|-----------------|--------------------|--|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | Ending Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | Ending Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | Ending Salary | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

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.

I understand this application is attached to a Consumer Report Request.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



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 Suite 100
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 Phone: (219) 762-7024
 Email: dfalk@falk-PLI.com
 Web: www.falk-PLI.com

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Falk PLI and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Falk PLI or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

 Signature

 Date

Falk PLI will not discriminate against the applicant or employee or otherwise misuse this information, as provided by any applicable federal or state equal opportunity laws or regulations.