



POSITION APPLIED FOR
Position Title: _____
Agency: _____
Date Available: _____
Minimum Acceptable Salary: _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Social Security Number			
Mailing Address			
City	County	State	Zip Code
Home Phone		Business Phone	

EDUCATION

HIGH SCHOOL	
NAME/LOCATION OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None

COLLEGE, UNIVERSITY OF PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO			

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, ARMED FORCES, ETC.)						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED?
		FROM	TO			

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: CPA, LAND SURVEYOR, REGISTERED NURSE etc.

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION	STATE LICENSING AGENCY

EMPLOYMENT HISTORY STARTING WITH MOST RECENT

JOB TITLE	EMPLOYER	ADDRESS	PHONE	IMMEDIATE SUPERVISOR
Duties:				
Dates (mo/yr)	To (mo/yr)	Salary (start) \$	(finish) \$	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving:				

EMPLOYMENT HISTORY (CONTINUED)

JOB TITLE	EMPLOYER	ADDRESS	PHONE	IMMEDIATE SUPERVISOR

Duties:

Dates (mo/yr)	To (mo/yr)	Salary (start) \$	(finish) \$
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May we contact your supervisor? Yes No

Reason for Leaving:

JOB TITLE	EMPLOYER	ADDRESS	PHONE	IMMEDIATE SUPERVISOR

Duties:

Dates (mo/yr)	To (mo/yr)	Salary (start) \$	(finish) \$
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May we contact your supervisor? Yes No

Reason for Leaving:

Have you ever been terminated or asked to resign from any job for any reason?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the answer is "yes," please explain the circumstances in full.

List any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

Computer Skills:

PROFESSIONAL REFERENCES LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS

NAME	ADDRESS	PHONE	RELATIONSHIP

MISCELLANEOUS

Have you ever worked under another name?

If "yes," state name and place of employment

Check which job status you are seeking: Full-time Part-time

Do you smoke? Yes No

Have you been charged with a crime or felony more serious than a minor traffic violation?

Yes No If "yes," please explain

CERTIFICATION

I hereby certify that all entries on this application are true and complete. I authorize investigation of my personal character, credit history, employment record and all information contained in this application. I authorize any person or organization having information regarding my personal character or employment history to disclose any and all such information to Arcis Investments. I hereby release all persons who provide any such information from any liability. I understand that misrepresentation or omission of facts contained in this application may result in my dismissal, if I am hired. If hired, I understand that my employment with Arcis is at-will. This means that neither I, nor Arcis, has entered into a contract regarding the duration of my employment. I also understand, as required by federal law, I may be required to furnish documentation establishing my identity and eligibility to work.

DATE: _____

Signature: _____