

WORK EXPERIENCE – Please list all employers, INCLUDING MILITARY SERVICE. Students should list all summer and part-time jobs. Please begin with your most recent employment.

Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
Reason for Leaving		Supervisor Name and Title	
Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
Reason for Leaving		Supervisor Name and Title	
Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
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Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
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Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
Reason for Leaving		Supervisor Name and Title	
Name of Employer	Address	Phone No.	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment <i>From</i> <i>To</i>	Position		Salary/Hourly Rate
Reason for Leaving		Supervisor Name and Title	

EDUCATION

TYPE OF SCHOOL	SCHOOL ADDRESS, CITY & STATE	GRADUATED	DIPLOMA/DEGREE
HIGH SCHOOL		<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE		<input type="checkbox"/> Y <input type="checkbox"/> N	
PROFESSIONAL SCHOOL		<input type="checkbox"/> Y <input type="checkbox"/> N	
OTHER		<input type="checkbox"/> Y <input type="checkbox"/> N	

PROFESSIONAL LICENSES – *Please list all applicable licenses.*

TYPE OF LICENSE	C=CURRENT E=ELIGIBLE	LICENSE NO.	STATE	EXPIRATION DATE
CPR				
First Aid				

SKILLS AND/OR LANGUAGES

Please list any skills and/or languages that would be an asset in performing your duties.

REFERENCES – *List three business/work references that are not related to you and are not previous supervisors.*

NAME	TITLE	EMPLOYER	PHONE NO.	NO. OF YEARS KNOWN

ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING BELOW.

I certify that all information provided is true, complete and correct and that any misrepresentations will eliminate me from consideration for employment. If hired, I understand that the same misrepresentations may result in termination of employment. I authorize investigation of all statements contained in this application for any employment-related purpose. I expressly authorize, without reservation, the employer or its designated representative, to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me on this application. I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me. I hereby release these references and former employers from all liability for any information they may give to insights consulting, incorporated.

Initial _____

I understand that this application will remain active for ninety (90) days. After this time period, I must reapply for any further consideration for employment.

Initial _____

I understand that insights consulting, inc. is an equal opportunity employer and does not discriminate in employment and that no question on this application is used for excluding applicants from consideration for employment on a basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other characteristic prohibited by any applicable law.

Initial _____

I understand that insights consulting, inc. is an 'at will' employer, and that, if hired, I am free to resign at any time, with or without notice and with or without cause, and that insights consulting reserves the same right to terminate my employment at any time, with or without notice and with or without cause. This application does not constitute a contract of employment nor guarantees employment for any specific period or length of time. I further understand that no representative of insights consulting is authorized to make assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the president of insights consulting, inc.

Initial _____

I understand, if hired, I will provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

Initial _____

I fully understand that if employment is offered, my employment is contingent upon passing a tuberculin test, and/or chest x-ray, a driving record check, and a background check. Please note that insights consulting, inc. is a drug free workplace. insights consulting, inc. reserves the right to request a complete physical and/or drug screening as needed.

Initial _____

I have read and understand the above statements.

Signature of Applicant

Date



Equal Employment Opportunity Data

Voluntary Self-Identification

Social Security Number: _____ - _____ - _____ Date _____

Name _____

Position applied for _____

The following information is being gathered for record purposes and maintaining compliance with federal laws. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action programs. Any information provided will be **CONFIDENTIAL**. If you choose not to answer any of these questions, you will not be subject to any adverse treatment. However, if you choose not to "self-identify", we are, under federal regulations, required to maintain race, sex, and handicap information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial below.

I do NOT wish to furnish this information. _____ (Initial) _____ (Date)

Sex: Female Male Date of Birth _____

Racial/Ethnic Data: Please identify yourself in terms on the following racial/ethnic groups:

White/Caucasian Black Hispanic Asian/Pacific Islander American Indian

Answer the following questions only if you consider yourself to be **handicapped/disabled**:

1. Do you have any limitations due to your disability that may affect your ability to Satisfactorily perform the job applied for? Yes No

If "Yes", please explain _____

2. Do you know of any special skills, methods or procedures which will qualify you for portions which you might not otherwise be able to do because of your disability/handicap? Yes No

If "Yes", please explain _____

Veteran Status: Answer the following questions if you are a veteran.....

Did you serve in active duty for more than 180 days, any part of which was between August 5, 1964 and May 4, 1975?

Yes No

Were you discharged or released with other than an honorable discharge? Yes No



Release Authorizing Check of Applicant's Background and Credentials

In consideration of insights consulting evaluation of my suitability for employment, I hereby authorize insights consulting to perform all checks of my background and credentials as allowed by law, including checks of my criminal history, driving record, and/or contacting individuals that insights consulting, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I acknowledge that insights consulting has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

Legal Name _____

List all/any previous name(s) you may have been known by:

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Exp. Date _____

List your county of residence for the previous three (3) years:

County: _____ Date(s) _____

County: _____ Date(s) _____

County: _____ Date(s) _____

Print Name: _____

Signature: _____

Date: _____



Disclosure and Consent Concerning Consumer and Investigative Consumer Reports

Please read carefully! This form has been provided to you because insights consulting, inc. may request Consumer Reports and/or Investigative Consumer Reports from a Consumer reporting agency. The company will use any such report(s) solely for employment related purposes.

Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The type of information that may be obtained including, but not limited to, are: credit reports, social security number, criminal records checks, public court records checks; including civil, driving record, educational records, verification of employment certification, etc. The information contained in these reports may be obtained from private or public correspondence with your past or present co-workers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

I have carefully read and understand this Disclosure and Consent form. My signature below gives consent to the release of consumer and/or investigative consumer reports as defined above to the company in conjunction with my application for employment. I further understand that any and all information contained in my application or otherwise disclosed to the company by me before, during, or after employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigate consumer reports requested by the company. I understand that if the company hires me, it may request a consumer report and/or investigative consumer report about me, as defined above, for employment related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time. This Disclosure and Consent form in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the company.

Applicant's Last Name _____

First Name _____ Middle Name _____

Social Security Number _____ Date of Birth _____

Present Address _____

City/State/Zip _____