

**Personal Information** (Please fill out all personal information even if providing a resumé)

Name (Last, First, Middle)		Date
Address (Street, City, State, Zip)		Social Security Number
Email Address	Primary Phone	Secondary Phone
Have you been convicted of a felony in the last seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain _____		
Have you been convicted of a misdemeanor in the last three (3) years? (Do not include traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain _____		

**Education Information** (Please fill out all personal information even if providing a resumé)

High School	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University	Major Course of Study	Diploma/Degree
Graduate School	Major Course of Study	Diploma/Degree
Internship Program	Date Started	Date Ended
Any other information that would be helpful determining your ability to perform the job applying for		
_____		
_____		

**Pre-Employment Information**

Position Applying for	Desired Salary (If Applicable)	Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
Can you provide verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	How were you referred to this company? <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Seusée Employee <input type="checkbox"/> Other _____	
Any other information that would be helpful determining your ability to perform the job applying for		
_____		
_____		

**Past Employment Information**

Employer Name #1	Phone	Starting Date	Ending Date
Supervisor's Name and Title	Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain _____			
Reason for leaving			
_____			
_____			
Employer Name #2	Phone	Starting Date	Ending Date
Supervisor's Name and Title	Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain _____			
Reason for leaving			
_____			
_____			
Employer Name #3	Phone	Starting Date	Ending Date
Supervisor's Name and Title	Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain _____			
Reason for leaving			
_____			
_____			

## References

Reference Name #1	Phone Number
Email Address	Relationship
Reference Name #2	Phone Number
Email Address	Relationship
Reference Name #3	Phone Number
Email Address	Relationship

This form has been designed to strictly comply with state and federal *Fair Employment Practice* laws prohibiting employment discrimination.

- a) The *Civil Rights Act of 1964* prohibits discrimination because of race, color, religion, sexual orientation, gender, national origin and age and requires affirmative action in the employment of women, minorities, the disabled and veterans.
- b) The *Age Discrimination Act of 1967* prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.
- c) The current laws of most States also prohibits some or all of the above types of discrimination as well as additional types such as discrimination based on ancestry, marital status or physical or mental handicap or disability.

I certify the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing you the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I acknowledge that *Seusée, LLC's* notification to me as required by the *Fair Credit Reporting Act of 1970* that an investigative consumer report may be made on me, including information on my character, general reputation, personal characteristics and mode of living. I further understand that upon written request, a complete and accurate disclosure of the nature of the scope of the investigation requested will be provided for me.

*Seusée, LLC* is hereby authorized to fully investigate my criminal history, work records and qualifications either before or after my employment (all employers). Should I have a criminal conviction or pending charge(s) involving a breach of trust or dishonest act, I understand that *Seusée, LLC* may be required to suspend or terminate my employment pursuant to federal regulations. If my employment is terminated because of my criminal record, I understand that I will not be considered for any future employment with *Seusée, LLC* and that this information will become part of my permanent records at *Seusée, LLC*. If I have any concerns with regards to these matters, I understand that *Seusée, LLC* prefers to discuss them prior to employment; however should such a matter arises after my employment has begun, I agree to contact *Seusée, LLC* as soon thereafter as practical.

Although *Seusée, LLC* attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, shift work, a rotating work schedule, a work schedule that includes Saturday and Sunday, or the availability to be on-call with a remote paging device or cell phone.

I understand that employment with *Seusée, LLC* is conditioned upon the verification that I am a U.S. citizen or alien authorized to work in compliance with the *Immigration Reform and Control Act of 1986*, as it may be amended from time to time, and regulations promulgated thereunder.

If employed, I understand that, where required, I will sign *Seusée, LLC's* agreement covering intellectual property and confidential information and an *Employee Non-Complete* form.

I hereby affirm that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any information, which, if disclosed, might affect my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_