

LABPERSONNEL

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or veteran status.

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LAST name		First	Middle	Date	
Street Address				Home Phone	
City, State, Zip				Cell Phone	
Have you ever applied for employment with us? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: Month and Year				Location	
Position Desired			E-mail Address		
Apart from absence for religious observance, are you available for full-time work?				Additional Contact Number	
Are you legally eligible for employment in the United States?				Social Security Number	
Other special training or skills (languages, machine operation, etc.)				Pay Expected	
In case of emergency please notify: Name: _____ Relationship: _____ Phone: _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				When will you be available to begin work?	

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> yes <input type="checkbox"/> no	
HIGH				<input type="checkbox"/> yes <input type="checkbox"/> no	
OTHER				<input type="checkbox"/> yes <input type="checkbox"/> no	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

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Please list 3 work related references

Name	Company	Title	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

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Company Name	Telephone
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Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer Number(s) _____ Reason _____

The information provided in the Application for Employment is true, correct and complete. If employed, my misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I agree not to solicit any firm, or a division of it, for whom I have worked as a temporary through *LabPersonnel, A Division of Managed Care Staffers* for any permanent or temporary work. This will hold true during the period of my employment with *LabPersonnel* and for a period of 6 months after termination of employment through *LabPersonnel*.

Signature _____

Date _____

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. We subscribe to the ethics of NAPS (National Association of Personnel Services).

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No

If "Yes" describe in full.

Are you licensed to work in the US?

Yes No

What is your current work status?

Are you a US citizen?

Yes No

Non – Disclosure Agreement

I, _____, agree that all services to be performed on an assignment for LABPERSONNEL will be considered secret and confidential and will not be disclosed to any unauthorized person.

Employee Signature

Date

Patents

I, _____, agree that any and all patents which may result as an outgrowth of any work performed on an assignment for LABPERSONNEL shall become property of the client.

Employee Signature

Date

**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION
(EMPLOYMENT PURPOSE)**

TO BE COMPLETED BY APPLICANT/EMPLOYEE (PLEASE PRINT LEGIBLY OR TYPE)

NAME _____
Last Name First Name Middle Initial

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____
Month Day Year

DRIVER'S LICENSE #: _____ STATE: _____

ETHNIC BACKGROUND:

_____ Asian _____ White _____ American Indian/ Alaskan
_____ Other _____ African American

ADDRESS: _____
Street Address

_____ City State Zip Code

APPLICANT/EMPLOYEE SIGNATURE: _____

TODAY'S DATE: _____

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: _____

Social Security Number: _____ * Date of Birth: _____

Signature: _____

* This information is requested by VERIFY solely for purposes of insuring accurate retrieval of records.

Employer Information

Jepsen Investments, Inc. 2604 Dempster St. Suite 305, Park Ridge, IL 60068

Contact Person: Chris Jepsen

Telephone # 847-390-0370 FAX # 847-699-0399
