



# EMPLOYMENT

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

<b>1</b>	Company Name	Telephone ( ) -
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe your Work _____	Reason For Leaving

<b>2</b>	Company Name	Telephone ( ) -
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe your Work _____	Reason For Leaving

<b>3</b>	Company Name	Telephone ( ) -
	Address	Employed (Month & Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe your Work _____	Reason For Leaving

<i>We may contact the employers listed above unless you indicate those you do not want us to contact</i>	<i>DO NOT CONTACT</i>
	Employers Number (s) & Reason _____

## GENERAL:

Have you ever been convicted of a Felony? Yes  No

Have you ever been known by any name other than the one on this application? Yes  No

Are you able to perform the essential functions of the position for which you are applying? Yes  No

Questions regarding the duties of the position may be addressed to \_\_\_\_\_.

How much time lost from work in the past three years for illness? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS

Indicate training and experience in the following:	Training (Check 3)	Years of Experience
Typing		
Shorthand		
Billing		
Key Punch Operator		
Calculator		
Bookkeeping Machine		
Adding Machine		
Accounting		
Claims		
Dispatcher		
Rates (Indicate Tariffs)		
Switchboard		
PC		
Microsoft Word		
Microsoft PowerPoint		
Microsoft Excel		
Lotus		
Other:		

*List courses and training in office work:*

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*The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in 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 and investigate 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.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# RELEASE OF LIABILITY

In connection with my request for employment with Mawson & Mawson, Inc.:

I hereby authorize all corporations, companies, credit agencies, educational institutions, individuals, law enforcement agencies, present and former employers to release any and all information that they may have about me, and further do release them and Mawson & Mawson, Inc. from any liability and responsibility from doing so. I authorize the procurement of an investigative consumer report and understand that such report may contain information of my background, mode of living, character and personal reputation.

This authorization, in original or copy form, shall be valid for this and any future or subsequent investigations that may be requested.

*(Please Print)*

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*First Name* *Middle* *Last*

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*Address* *City* *State* *Zip* *Apt #*

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*Previous Address* *City* *State* *Zip* *Apt #*

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*Drivers License #* *State* *Expiration Date*

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*Signature* *Date*

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*Witness*