



Pay Rate: \_\_\_\_\_

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

Client: \_\_\_\_\_

This section for Internal use only

### APPLICATION FOR EMPLOYMENT

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

Last 4 digits of SS: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Pre-employment qualifications: _____
_____
_____
_____

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apartment Number

City \_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip  
( ) Home Cell ( ) Cell ( ) Emergency

What counties have you lived in the past 10 years? \_\_\_\_\_  
Have you ever been injured on the job? \_\_\_ Yes \_\_\_ No if yes, please explain \_\_\_\_\_

City or Area of Work Preferences \_\_\_\_\_ Transportation: \_\_\_yes \_\_\_no \_\_\_bus

Available for the following: \_\_\_\_\_  
Days Weekend Part-time Intermittent  
Do you speak, read, or write a language other than English? \_\_\_\_\_ If, yes, please specify \_\_\_\_\_

Have you ever (check all that apply): \_\_\_ BEEN CONVICTED, \_\_\_ PLEAD GUILTY, \_\_\_ pled no contest/ nolo contendere, or received \_\_\_ court-ordered community supervision, \_\_\_ deferred adjudication, \_\_\_ probation, pretrial, diversion, \_\_\_ or any other alternative program for any crime (misdemeanor or felonies)? If yes, please provide complete information on all criminal offenses, dates, location(s) (city and state). If you have received any alternative disposition for any criminal offense, you MUST disclose it and describe the program. Failure to describe a conviction plea or alternative disposition will be considered falsification and will result in your ineligibility for employment. Use additional sheets if necessary. \_\_\_\_\_

Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal law. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.

### EDUCATION

Name	Location	Degrees	Certifications
High School			
College			
Trade School			

### EMPLOYMENT HISTORY:

Dates Employed From (Mo/Yr) To (Mo/Yr)	Name of Company & Title of Position	Hourly Rate	Supervisor's Name & Telephone No.	Reason for Leaving

It shall be the policy of Contract Consultants, Inc. to provide equal opportunity to all applicants for employment and to administer all personnel practices such as recruitment, selection, training, promotions, terminations, transfers, layoffs, compensation, benefits and other terms, conditions and privileges of employment in a manner which does not discriminate on the basis of race, color, creed, age, sex, national origin or handicap.

**Contract Consultants, Inc.**  
**AUTHORIZATION FOR BACKGROUND CHECK**

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of statements contained herein as may be necessary. I understand that false or misleading statements may result in termination of employment. I further pledge to abide by all Contract Consultants, Inc. procedures and safety rules. If hired, I understand that sixty (60) days from the date of hire is considered to be my training period. I understand and agree that my employment is at will and for no definite period and may, regardless of the date of payment of wage and salary, be terminated at any time without notice and without cause. Upon termination of my employment for whatever reason, I release Contract Consultants, Inc. from all liability for supplying any information concerning my employment to any potential employer.

I hereby authorize and give my consent for Contract Consultants to conduct a background check and fingerprint me, in connection with my potential employment with the company. I am hereby advised Contract Consultants' background check will involve contacting some or all of the following organizations: Federal and State law and drug enforcement agencies, Texas Department of Motor Vehicles, as well as other government agencies that retain criminal history records. I authorize Contract Consultants to contact these organizations to obtain information concerning me. I may submit a written request to Contract Consultants within 7 days to obtain detailed information about the scope of their investigation.

I hereby authorize the above listed organizations to release any criminal history records pertaining to me to Contract Consultants officials. I understand that a record of criminal conviction does not automatically disqualify an applicant from being employed by Contract Consultants.

Contract Consultants' officers, agents and employees are hereby released from any and all liability as a result of the use or disclosure of any information received during the described background investigation. Contract Consultants may, at its sole discretion, deny me employment based upon any information received from my background investigation, which Contract Consultants considers unsatisfactory.

I have read and understand the terms of authorizing the background check described above. I further understand the information requested below will be used to conduct a background check.

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Maiden or other) (Last)

SIGNATURE: \_\_\_\_\_

Thumb print is required:

\_\_\_\_\_  
Left Right