

HORACK, TALLEY, PHARR & LOWNDES

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position applied for: _____ Today's Date _____

How did you hear about this opening? Classified Ad Recruiter Personal Referral
 Other _____

Are you seeking: Full-time Part-time Temporary Employment

Do you have the ability to perform the essential functions of this position? Yes No

Salary desired \$ _____ per _____

When could you start work? _____

How did you learn of this position? _____

Last Name First Name Middle Name

Present Street Address City State Zip Code

Email Address: _____

Home Telephone (_____) _____ Other Telephone (_____) _____

Are you 18 years of age or older? Yes No (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No

If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

(A yes answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.)

What was the offense? _____

Date of conviction & sentence? _____

EDUCATION

List Name & Address of Schools

High School or GED: _____

College or University: _____

Subjects Studied _____

Vocational or Technical: _____

Subjects Studies: _____

Number of Years Completed	Did you Graduate?	Diploma/Degree/Certificate
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

Computer Experience? Yes No

Software: MS Office Document Management System (which one) _____
 MS Word CMS Open/Aderant
 MS Excel Collection Master
 Soft Pro

Other: _____

Are you bilingual? Yes No If yes, specify languages _____

If your position requires that you drive, do you have a valid driver's license? Yes No

(employment is subject to clean driving record)

Driver's License Number _____ State in which license was issued _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

List any governmental or professional licenses or accreditation held:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer: _____

Supervisor: _____

Address: _____

Employed: From ___/___ To ___/___
(mo/yr) (mo/yr)

City, State, Zip _____

Telephone (_____) _____

Pay: Start \$ _____ Final \$ _____

Title: _____

Reason for Leaving _____

Duties: _____

Name of Employer: _____

Supervisor: _____

Address: _____

Employed: From ___/___ To ___/___
(mo/yr) (mo/yr)

City, State, Zip _____

Telephone (_____) _____

Pay: Start \$ _____ Final \$ _____

Title: _____

Reason for Leaving _____

Duties: _____

Name of Employer: _____

Supervisor: _____

Address: _____

Employed: From ___/___ To ___/___
(mo/yr) (mo/yr)

City, State, Zip _____

Telephone (_____) _____

Pay: Start \$ _____ Final \$ _____

Title: _____

Reason for Leaving _____

Duties: _____

REFERENCES

Have you worked or attended school under any other name? Yes No

If yes, give names _____

Are you presently employed? Yes No

If yes, may be contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

NAME	ADDRESS	OCCUPATION	PHONE	# OR YRS. KNOWN

AFFIDAVIT: PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand this application will remain active for 45 days only. If I am not selected for this position, I must reapply for future openings. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews from neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. If hired I understand that the employer will conduct an employment credit check.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. IF EMPLOYED, I UNDERSTAND THAT I WILL BE REQUIRED TO SIGN A NOTICE OF CONFIDENTIALITY.

I have read, understand, and my by signature consent to these statements.

Signature: _____

Date: _____