

Employment Application

Employer Solutions Group

All applicants will be required to pass a background check as a condition of employment.
 PRINT OR TYPE ALL ANSWERS IN FULL. NOT DOING SO WILL CAUSE YOUR APPLICATION TO BE REJECTED.

Name of Company

Applicant Information

Position Applying For _____ Date _____

How Did You Learn of This Opening? _____

Name: Last _____ First _____ Middle _____
 (As it appears on your Social Security Card)

Have You Ever Worked Under Another Name? _____ Yes _____ No If Yes, List Names _____

Social Security Number _____

Address: _____ City _____ State _____ Zip _____

Telephone Number _____ Other Phone # _____ Email _____

In case of emergency, notify: _____ Address _____ Telephone _____

Desired Wage _____ When can you start? _____

Check the days you are available for employment: ___ M ___ Tu ___ W ___ Th ___ F ___ Sat ___ All Days

Type of Work: ___ Part Time ___ Full Time ___ Temporary or Short Term ___ Long Term

Are you available on holidays? ___ Yes ___ No Are you presently 18 years or older? ___ Yes ___ No

If Employed, Can You Submit Verification of Your Legal Right To Work in the U.S.? ___ Yes ___ No

Have you been convicted of a crime other than a minor traffic violation or been released from a prison or other detention facility within the past seven years? NOTE: 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 also be considered. If yes, please explain. ___ Yes ___ No

SCHOOL	NAME AND LOCATION	MAJOR	Diploma/Degree Yes/No
High School			
*Vocational School			
College/University			
Other			

**Please attach transcripts*

*Corporate Office: 4844 N 300 W., Ste. 100 * Provo, UT 84604 * Telephone (888) 810-8187 Fax (877) 374-2677
 Colorado Office: 3760 East 15th Street, Ste. 201A * Loveland, CO 80538 * Telephone (970) 612-2020 Fax (970) 612-2021
 Arizona Office: 4727 East 5th Street, Suite 102 * (520) 320-9191 Fax (520) 323-1520*

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical conditions or disabilities.

EQUAL OPPORTUNITY EMPLOYER

List all special training, skills, and work-related experience: _____

Languages: _____

EMPLOYMENT HISTORY

May We Contact You Current Employer? _____ Yes _____ No

EMPLOYER:	ADDRESS:	TELEPHONE:
Position/Duties:		
Date Started: _____ Date Left: _____	Starting Salary/Wage: _____ Final Salary/Wage: _____	
Name of Supervisor:	Reason for Leaving:	

EMPLOYER:	ADDRESS:	TELEPHONE:
Position/Duties:		
Date Started: _____ Date Left: _____	Starting Salary/Wage: _____ Final Salary/Wage: _____	
Name of Supervisor:	Reason for Leaving:	

EMPLOYER:	ADDRESS:	TELEPHONE:
Position/Duties:		
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WORK-RELATED REFERENCES: (Include at least 3 - Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Certificate of Applicant - Read Carefully Before Signing

I hereby state that information given by me in this application is true in all respects. I understand that if I am employed and the information if found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of most of Employer Solutions Group's current related policies. I understand that Employer Solutions Group may require a medical examination to determine if an employee is capable of performing the essential elements of the job. I understand the use of illegal drugs is prohibited during employment with this company and that the Employer reserves the right to test for the presence of illegal drugs at any time. I understand that if the test results are positive for the presence of any illegal drugs, that I will face corrective action up to and including discharge. Employer Solutions Group requires its employees to submit to blood tests or urinalyses for alcohol or drug screens, fingerprint background checks, credit history checks, inspection of bags (including purses or briefcases) or parcels brought into or taken out of Employer Solutions Group or client's place of business. I understand that refusal to submit to a urinalysis, fingerprint background check, blood test or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY EMPLOYER SOLUTIONS GROUP, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR EMPLOYER SOLUTIONS GROUP WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANYTIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT IF I VOLUNTARILY TERMINATE MY EMPLOYMENT WITHOUT NOTICE, SUCH ACTION MAY AFFECT EMPLOYER SOLUTIONS GROUP'S WILLINGNESS TO PROVIDE STATEMENTS OF REFERENCE TO OTHERS CONCERNING MY WORK PERFORMANCE AND HABITS BEYOND A SIMPLE STATEMENT VERIFYING MY EMPLOYMENT. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF EMPLOYER SOLUTIONS GROUP.

Printed Name _____

Signature _____ Date _____

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EQUAL OPPORTUNITY EMPLOYER

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Applicant Background Check Authorization
Read Carefully Before Signing

I hereby authorize Employer Solutions Group to conduct a background check, credit history check, urinalysis and/or blood test for alcohol or drug screens, inspection of bags (including purses or briefcases) or parcels brought into or taken out of ESG or a client's place of business. I understand that the Company may require job applicants to submit to such testing as a condition of employment. I understand that refusal to submit to a background check, urinalysis, blood test or search, when requested to do so, may result in termination of my employment. I also authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employment.

Printed Name _____

SSN _____

Signature _____

Date _____

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