

## **Employment Application**

Personal Inform	ation								
Full Name						Date			
Address							'		
City, State Zip									
Phone Numbers									
E-mail Address			Form			rmer Names			
Employment Inf	ormation								
Position you are Compa									
Referred By									
Date Available to Begin					Exp	Expected Wage			
Type of Employment Desired			-Time  Part- sonal/Temporary		Are you available to work overtime		Yes No		
Are you eligible to work in the U.S.?		Yes No		If not a U.S. citizen, state visa type					
Education									
			City/State I			Graduate?	Degree or Diploma?		
High School Name			City/ state		Dia 100	Gladdale:	Degree of Diploma:		
College/Trade Sc		City/State		Did You	Graduate?	Degree or Diploma?			
	List current licenses and/or certifications that are relevant to the position you are applying for								
List any training	g that is relev	ant to the	position						
list any skill		u are app							
List any skills and/or qualifications that are relevant to the position you are applying for									
General Informa	ation								
Have you ever applied for employeed with the Buchan		anan Gro	up   H res	, , ,		Date(s Company/Location:			
Do you have any friends or family of the coursests of the coursest of the coursests of the coursest of the course of the coursest of the course of the coursest of the coursest of the coursest of		nily who c	re Yes	If yes, list their	name(s)	SS. Iparity Education			
Are you less than 18 years of (Proof of age may be required at			d? Yes			er been convicted of a felony or A conviction does not constitute			
(soi oi age may be n		a job off		an automatic bar to employment)					
If convicted of a felony or misdemeanor, state the crimes(s), court(s), and sentence(s)									
If driving is a requirement of the job for which you are a a curren				pplying, do you have t valid driver's license No					
List any additi would like us to	o consider, in	cluding							

Work Experience	(Pleas	e list your <u>current</u> or <u>most recent</u> em	nployer fir.	st)			
Compo	any #1				ephone lumber		
Address			Supervisor' Name		rvisor's Name		
Position				Dates of Employment		Starting: Ending:	
Description				Pay		Starting: Ending:	
Reason for Le	eaving			Permission to Contact?		Yes No	
Compo	ny #2			Telephone Number			
Ac	ddress			Supervisor's Name			
Pe	osition			Dates of Employment		Starting: Ending:	
Desc	ription			Pay		Starting: Ending:	
Reason for Leaving				Permission to Contact?		Yes No	
Company #3				Telephone Number			
Address				Supervisor's Name			
Position				Dates of Employment		Starting: Ending:	
Description				Pay		Starting: Ending:	
Reason for Leaving			Permission to Contact?			Yes No	
Work References	(Pleas	e provide three work-related refere	nces)				
		Name	Title			Phone	
Reference 1		Organization	Years Known		Nature of Acquaintance		
Reference 2		Name	Title			Phone	
		Organization	Years Known		N	Nature of Acquaintance	
Reference 3		Name	Title			Phone	
		Organization	Years Known		N	Nature of Acquaintance	

## TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or, if found out after employment, may be grounds for dismissal. I understand and agree that under the terms of employment with the Buchanan Group and its associated companies (hereafter referred to as the Buchanan Group), the employment relationship is terminable "at will" without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from the Buchanan Group constitutes an employment contract.

I understand that any offer of employment may be contingent upon my ability to comply with INS regulations establishing my identity and right to work in the United States. I understand that the Buchanan Group is an Equal Employment Opportunity employer. The Buchanan Group recruits and hires persons in all job titles without regard to race, color, religion, sex, age, disability, or national origin.

I hereby authorize the Buchanan Group to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish the Buchanan Group with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release the Buchanan Group and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application. I release the Buchanan Group from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant Signature	Date