

**Instructions for completing the application:** Please type or print clearly, using blue or black ink. In order for your application to be considered for employment, you must fill in all required information in a legible manner. If a section fails to apply to you, indicate this by putting a N/A in the blank. Use the section guide below to assist you through the application.

- Section A** Personal information
- Section B** Employment desired and availability
- Section C** Education and related experience
- Section D** Previous work history
- Section E** Acknowledgments pertaining to hireability
- Section F** References
- Section G** Application Statement and signature

**Section A**

Today's Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

**Present Address**

No. & Street of present address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

No. & Street of permanent address (if different from present) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Mobile Phone Home Phone Work Phone

\_\_\_\_\_ @ \_\_\_\_\_  
 Email address

Desired form of contact	Mobile Phone	Home Phone	Work Phone	Email
Desired time of day	Morning	Afternoon		

**Section B**

Position applying for: \_\_\_\_\_

Are you applying for: Regular full-time or part-time work Full      Part

What days and hours are you available for work? \_\_\_\_\_

Would you be available to work overtime, if necessary? Yes      No

If hired, on what date can you start work? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes      No

**Section C**

**Education, Training and Experience**

**Did you graduate?**

High School Name	Yes	No
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Address		
City	State	Zip Code -

Grade level achieved		
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Name of College or University	Yes	No
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Address		
City	State	Zip Code -

Grade level achieved		
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Trade School Name	Yes	No
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Address		
City	State	Zip Code -

Grade level achieved		
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Miscellaneous	Yes	No
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Address		
City	State	Zip Code -

Grade level achieved		
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Section C continued on next page

Have you obtained any special skills or abilities as the result of service in the military? Yes  No   
 If yes, please list all special skills below: \_\_\_\_\_

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at **COMPLETE PRACTICE SOLUTIONS**? Yes  No   
 If so, please explain: \_\_\_\_\_

**Section D**

**Employment History**

List below all present and past employment *starting with your most recent employer*. Account for all periods of employment and unemployment for at least the last five years. You must complete this section even if attaching a resume.

\_\_\_\_\_  
 Name of Employer ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Telephone No.

\_\_\_\_\_  
 Type of Business Your Supervisor's Name

\_\_\_\_\_  
 Address & Street City State Zip Code - \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay/ Hr: \_\_\_\_\_  
Start End

\_\_\_\_\_  
 Your Position and Duties

\_\_\_\_\_  
 Reason for Leaving

May we contact this employer for a reference? Yes  No

If yes, please supply your supervisor's contact information. ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Telephone No.

Section D continued on next page

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_ Weekly Pay/ Hr: \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? Yes  No

If yes, please supply your supervisor's contact information. Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_ Weekly Pay/ Hr: \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? Yes  No

If yes, please supply your supervisor's contact information. Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section E**

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes  No

If considered for employment would you be willing to submit to a computer-based skills test? Yes  No



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\_\_\_\_\_  
First Name Last Name (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street City State Zip Code \_\_\_\_\_

\_\_\_\_\_  
Occupation Years Acquainted

If considered for the position may we contact the reference listed above? Yes No

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\_\_\_\_\_  
First Name Last Name (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street City State Zip Code \_\_\_\_\_

\_\_\_\_\_  
Occupation Years Acquainted

If considered for the position may we contact the reference listed above? Yes No

Do you currently know anyone working for Complete Practice Solutions? Yes No

If so, please list all past and present employees.

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**Please Read Carefully, Sign or initial Each Paragraph and Sign Below**

I \_\_\_\_\_ hereby understand that I may submit a copy of my resumé and that by submitting a resumé I understand that it will be used only as supporting and additional background information. A resumé is not an authorized substitute for a completed employment application.

I \_\_\_\_\_ hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I \_\_\_\_\_ hereby authorize to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I \_\_\_\_\_ hereby understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

I \_\_\_\_\_ hereby acknowledge should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. I waive receipt of a copy of any public record described in the paragraph above.

**Complete Practice Solutions provides equal employment opportunities (EEO)** to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Complete Practice Solutions complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Complete Practice Solutions expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Complete Practice Solutions' employees to perform their job duties may result in discipline up to and including discharge.

**Signature:** By signing this Statement, I assure Employer that all verbal and written statements provided are true and accurate, and I agree to the conditions set forth in this Applicant's Statement.

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**Applicant's Signature**

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**Date**