## APPLICATION FOR EMPLOYMENT CONSIDERATION

## PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION FORM:

you may download this application on the contact page and fax it to the number on the contact page.

Larry & Johanna Payne acting on behalf of client in finding potential applicants for the position of personal assistant in her daily tasks, and do

not discriminate in recruitment, training, promotion or other employment practices on the basis of age, race, sex, color, religion, national origin,

physical or mental handicap, veteran status or any other basis that is prohibited by federal, state, or local law. Ultimately potential applicants

will be redirected to the agency managing the actual employment and subject to the hiring practices and policies of that agency.

in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but

	ANT: You must personally cor	mplete the appli	cation fo	or it to be	considered.	
					Date:	(dd-mm-yyyy)
	Name in full :					
	Date of Birth	0 1	- 01	- 1990	(dd-mm-yyyy)	
	Home Phone					
	Cell Phone					
	Social Security Number:					
	Driver License state:					
	Driver License No:					
Have you ev	ver used another name or Social	Security number	for identi	fication:	Yes No	
	Present Address:					
	City:					
	City: State					
	State Zip Code E-mail address					
Do you cui scheduled	State Zip Code E-mail address rrently have any commitments o	or obligations that	would ta	ke you awa	y from your work eithe	er scheduled or non
	State Zip Code E-mail address rrently have any commitments o	or obligations that	would ta	ke you awa	y from your work eithe	er scheduled or non
	State  Zip Code  E-mail address  rrently have any commitments of the c	or obligations that	would ta	ke you awa	y from your work eithe	er scheduled or non

IMPORTANT! Give name and phone number of your last ten (10) year employment history, beginning with your

JOB TITLE

**DATE FROM** 

**DATE TO** 

**REASON FOR** 

CITY, STATE

**PHONE** 

present or last employer:

NAME OF

					1
	PER	RSONAL INC	QUERY		
:Will you abide by the safety rules	? Yes No				
Have you ever been convicted of a	a criminal offense	e other than parking	and speeding ticke	ts? Yes No	
	DATE	NATURE OF CONV	ICTION: WHI	ERE DISPOS	SITION OF OFFENSE
If yes complete the following					
Have you ever been convicted of a	a Traffic Law Viol	ation (do not list Par	king Violations)?	Yes No	
If yes, please explain					
Note: Information regarding convi	ction record will	not nocossarily har	any applicant from	n omployment bu	t will be reviewed
light of					
all surrounding circumstand and federal,	ces, nature and s	eriousness of violation	on, rehabilitation, r	elationship of offe	ense to employme
state and local laws.					
state and local laws.	Name	Location	Special Studies	Graduate	Year
state and local laws. EDUCATION:	Name	Location	Special Studies	Graduate	Year
state and local laws. EDUCATION: High School	Name	Location	Special Studies	Graduate	Year
state and local laws. EDUCATION:	Name	Location	Special Studies	Graduate	Year
state and local laws.  EDUCATION:  High School  College	Name	Location	Special Studies	Graduate	Year
state and local laws.  EDUCATION:  High School  College	Name	Location	Special Studies	Graduate	Year
state and local laws.  EDUCATION:  High School  College  Other  What are your long term	Name	Location	Special Studies	Graduate	Year
state and local laws.  EDUCATION:  High School  College  Other	Name	Location	Special Studies	Graduate	Year
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state and local laws.  EDUCATION:  High School  College Other  What are your long term objectives & goals:  PERSONAL REFRENCES: ( please of the plant of the plan	don't use relative Address	s )			

When would you be available to start?

If hired what duration of time are you looking to be employed at this job?

Do you cook? Yes No

## Please read the following carefully

In connection with my application with Larry & Johanna Payne, I fully understand this release acknowledges that Larry & Johanna Payne are acting on the behalf of client in finding her an assistant and may, after an opportunity of employment (through an agency) is made to me, or at any time while I am employed by an agency, conduct a public record/research report containing information for verification of prior employment, academic achievement, medical and financial history, use of a motor vehicle, general background and personal character.

This release shall not be limited in its scope or purpose.

I authorize and request all persons, schools, businesses, corporations, courts, law enforcement, health care providers, armed forces, employment commissions and government agencies to release said information without restriction or qualification. I authorize a Photostat of this release (by fax, e-mail, or hand delivery) to be considered as effective and valid as the original. All results will be proprietary and kept confidential, and will not be provided to any parties other than Larry & Johanna Payne, client, Employment related agencies and/or its legal representatives. I am aware that I have the right to request the nature and scope of the results, as reported from Larry & Johanna Payne. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

I agree that I will submit to a physical, urinalysis and/or blood test or other examinations requested by Larry & Johanna Payne and/or client at any time prior to or subsequent to my employment by an agency. I authorize any medical provider or drug screening company to provide my test results to Larry & Johanna Payne, client and/or employer with such information as reasonably requested, subsequent to an opportunity for employment. I further understand that my employment (managing agency) is for no fixed time and may be discontinued with or without cause or notice by myself, Larry & Johanna Payne and/or client.

I also understand that no firearms, alcohol or drugs are permitted at my place of work or on any property owned by Larry & Johanna Payne and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor that will impair my ability to work, I am required to so notify Larry & Johanna Payne, and/or client in writing of the specific medical problem and the exact drug that has been prescribed.

This Agreement supersedes any and all other agreements, either oral or written, between the parties referenced herein with respect to the Application for consideration of employment (by the managing agency) of me by Larry & Johanna Payne, and/or client and contains all covenants and agreements between the parties regarding such employment in any manner what so ever. I understand that if I am hired, I am the employee of the managing agency and that Larry & Johanna Payne are strictly acting as the liaison for client personally. I understand that I have no business relationship with Larry & Johanna Payne other than the use of the duplex apartment that I would reside in and will adhere to the rules of living there under a separate agreement. I further agree that I shall in no way make claim(s) of any kind regarding Larry & Johanna Payne, and/or client or their predecessors for any reason and . I further understand that I am not covered by any worker's comp, or liability insurance provided by Larry & Johanna Payne, and/or client or predecessors and indemnify and save harmless and will defend Larry & Johanna Payne, and/or client and their agents and/or representatives from and against any and all liabilities, obligations, damages, penalties, claims, costs, charges and expenses, including without limitation, reasonable attorneys' fees and court costs, which may be imposed upon or incurred by or asserted against Larry & Johanna Payne, and/or client and/or their agents by reason of any of the following occurring when I am (i) on or in possession of any of the property belonging to them. (ii) any negligent or otherwise wrongful acts or omission on my part or any of my agents, contractors, subcontractors, servants, employees, subtenants, or invitees; (iii) any accident, injury or damage to any person or property occurring in, on or about the property of Larry & Johanna Payne, and/or client, caused in whole or in part by me or any of my employees, agents, associates, contractors, or invitees., (iv) any failure on my part to perform or comply with any covenant, agreement, term, rule, provision, condition or limitation contained in this Agreement on its part to be performed or complied with; and (iv) any accident, injury or damage to any person

or property occurring in, on or about the property of Larry & Johanna Payne, and/or client, caused by any animal that belongs to or is or should be in the possession or control of me or any of my agents, contractors, associates, subcontractors, servants, employees, subtenants, or invitees.

I declare that the answers to the questions on this application are correct and that any misstatement of fact or omission will be cause for

dismissal or rejection. I have carefully read the information on this form, and realize that I had the opportunity to ask questions about it.

I Agree