



For Office Use Only	
Appt. Date/Time _____	Hire Date _____
Test Date _____	Employee # _____
Test Result (P/N) _____	Term. Date _____
Record Check _____	_____

<b>APPLICATION FOR EMPLOYMENT</b>			
<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MIDDLE INT.	SOCIAL SECURITY NUMBER
STREET ADDRESS		APT NO.	CITY
			STATE
			ZIP CODE
HOME PHONE NUMBER (+ area code)	DAYTIME PHONE NUMBER (+ area code)	POSITION(S) DESIRED	
SALARY EXPECTED	HAVE YOU WORKED FOR COMTEX BEFORE? (Circle One)		
/ hr	<input type="checkbox"/> YES / <input type="checkbox"/> NO      If yes, when?		
TYPE OF EMPLOYMENT DESIRED: (Check One)			
Permanent, Full Time <input type="checkbox"/>	Temporary, Full Time <input type="checkbox"/>	On Call <input type="checkbox"/>	
Permanent, Part Time <input type="checkbox"/>	Temporary, Part Time <input type="checkbox"/>	Summer Only <input type="checkbox"/>	
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF LAW BY CIVILIAN OR MILITARY COURT OTHER THAN FOR A MINOR TRAFFIC OFFENSE? (Circle One)		ARE YOU [LEGALLY] ABLE TO WORK IN THE UNITED STATES OF AMERICA? (Circle One) (Proof of US Citizenship or immigration status will be required upon employment)	
<input type="checkbox"/> YES / <input type="checkbox"/> NO      If yes, please explain		<input type="checkbox"/> YES / <input type="checkbox"/> NO      If no, please explain	
_____		_____	
_____		_____	
<b>EDUCATION</b>			
SCHOOL NAME (Secondary 9-12)	LOCATION	DATE ATTENDED	DIPLOMA / CERTIFICATE
		From: To:	
SCHOOL NAME (College)	LOCATION	DATE ATTENDED	DIPLOMA / CERTIFICATE
		From: To:	
OTHER TRAINING	LOCATION	DATE ATTENDED	DIPLOMA / CERTIFICATE
		From: To:	
<b>PROFESSIONAL LICENSURE</b>			
LIST ALL CERTIFICATIONS, REGISTRATIONS OR LICENSES AS REQUIRED		LICENSE NUMBER/EXPIRATION DATE/STATE OF ISSUE	
		License Number: _____	
		State of Issue: _____ Exp. Date: _____	
<b>MISCELLANEOUS</b>			
HOW DID YOU HEAR ABOUT US? (Check One)			
Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Open House <input type="checkbox"/> Job Fair <input type="checkbox"/> First Source <input type="checkbox"/>			
Referral by Current Employee? (list name)			
_____			
_____			
_____			

**EMPLOYMENT**  
(Please list all former employers)

NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT? REASON FOR LEAVING? <input type="checkbox"/> YES / <input type="checkbox"/> NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	
NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+ area code)	MAY WE CONTACT? REASON FOR LEAVING? <input type="checkbox"/> YES / <input type="checkbox"/> NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	
NAME OF EMPLOYER	FROM MM/YY	TO MM/YY	SUPERVISOR NAME	LAST SALARY
STREET ADDRESS	CITY, STATE, ZIP		PHONE NUMBER (+area code)	MAY WE CONTACT? REASON FOR LEAVING? <input type="checkbox"/> YES / <input type="checkbox"/> NO
JOB TITLE & DUTIES			NAME WHEN EMPLOYED	

Do we have permission to obtain reference checks on your previous employment and background history?     YES /  NO (check one)

Do you understand and agree with the COMTEX policy that may require you to undergo drug and alcohol testing in order to maintain a safe work environment?     YES /  NO (check one)

**READ CAREFULLY BEFORE SIGNING.**

I agree that any claim or lawsuit relating to my service with COMTEX or any of its related entities must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I attest under penalty of perjury that the information given on this application is correct to the best of my knowledge and understand that providing false information is grounds for dismissal. I understand that if hired I will be a "terminable-at-will employee," and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no human resource recruiter or interviewer or other representative of COMTEX has any authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.

I give COMTEX the right to investigate all references and to secure additional information about me, if job related, and so long as I have not indicated otherwise in the spaces provided above. I hereby release from liability COMTEX and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position at COMTEX when this application expires, it will be my duty to fill out a new application and file it with COMTEX. Otherwise, COMTEX will not consider me for employment after this application expires. I further agree to submit to alcohol or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_