
EMPLOYMENT APPLICATION



Corporate Business Solutions

A Drug-Free Employer

1520 International Tower, 229 Peachtree Street, NE

Atlanta, Georgia 30303

(404) 521-6030

TO APPLICANT:

We appreciate your interest in our organization and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

(PLEASE PRINT)

Company you are applying with: _____

Position applied for: _____

Type of employment desired: Full-time Part-time Temporary

Applicant Name: _____

Corporate Business Solutions is an Equal Opportunity Employer.

Applicants will be considered without discrimination based on race, religion, color, sex, age, national origin, marital status, disability or veteran status.

PLEASE COMPLETE ALL QUESTIONS AND PUT "N/A" WHERE NOT APPLICABLE
(PLEASE PRINT)

PERSONAL DATA

Name _____ Date ____ / ____ / ____

Home Phone _____ Social Security Number _____

Present Address _____
Street City State Zip Code

List any other names you have used or currently use (nicknames, married names, etc.)

Are you legally eligible for employment in the USA? Yes No If under 18, state your age _____

When would you be available to begin work? _____

Are you on lay-off subject to rehire elsewhere? Yes No

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If so, state the nature of the offense and the date the offense took place _____

EDUCATIONAL HISTORY

| <i>Type</i> | <i>Institution/Location</i> | <i>No. Years</i> | <i>Degree/Major</i> |
|--------------------------|-----------------------------|------------------|---------------------|
| <i>High School</i> | | | |
| <i>College</i> | | | |
| <i>Graduate School</i> | | | |
| <i>Vocation/Technica</i> | | | |

If a license is required for the position you are applying, please identify the license type, number and state of issuance: _____

GENERAL

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| <i>Special Skills, Activities, knowledge, or credentials that you feel add to your qualifications for the position applied for. Include any job-related training received in the military.</i> |
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EMPLOYMENT HISTORY

(Start with your present or last job. If more room is needed, you may attach additional sheets.)

(PLEASE PRINT)

| | | | |
|---------------------------|---------------------------|--------------|--|
| <i>Employer</i> | <i>Dates Employed</i> | | <i>Responsibilities/Work Performed</i> |
| <i>Address</i> | <i>From</i> | <i>To</i> | |
| <i>Telephone Number</i> | | | |
| <i>Job Title</i> | <i>Hourly Rate/Salary</i> | | |
| <i>Supervisor</i> | <i>Starting</i> | <i>Final</i> | |
| <i>Reason For Leaving</i> | | | |
| <i>Employer</i> | <i>Dates Employed</i> | | <i>Responsibilities/Work Performed</i> |
| <i>Address</i> | <i>From</i> | <i>To</i> | |
| <i>Telephone Number</i> | | | |
| <i>Job Title</i> | <i>Hourly Rate/Salary</i> | | |
| <i>Supervisor</i> | <i>Starting</i> | <i>Final</i> | |
| <i>Reason For Leaving</i> | | | |
| <i>Employer</i> | <i>Dates Employed</i> | | <i>Responsibilities/Work Performed</i> |
| <i>Address</i> | <i>From</i> | <i>To</i> | |
| <i>Telephone Number</i> | | | |
| <i>Job Title</i> | <i>Hourly Rate/Salary</i> | | |
| <i>Supervisor</i> | <i>Starting</i> | <i>Final</i> | |
| <i>Reason For Leaving</i> | | | |
| <i>Employer</i> | <i>Dates Employed</i> | | <i>Responsibilities/Work Performed</i> |
| <i>Address</i> | <i>From</i> | <i>To</i> | |
| <i>Telephone Number</i> | | | |
| <i>Job Title</i> | <i>Hourly Rate/Salary</i> | | |
| <i>Supervisor</i> | <i>Starting</i> | <i>Final</i> | |
| <i>Reason For Leaving</i> | | | |
| <i>Employer</i> | <i>Dates Employed</i> | | <i>Responsibilities/Work Performed</i> |
| <i>Address</i> | <i>From</i> | <i>To</i> | |
| <i>Telephone Number</i> | | | |
| <i>Job Title</i> | <i>Hourly Rate/Salary</i> | | |
| <i>Supervisor</i> | <i>Starting</i> | <i>Final</i> | |
| <i>Reason For Leaving</i> | | | |

May we contact your present/last supervisor? Yes No

Print Name _____ Social Security Number: _____

APPLICANT ACKNOWLEDGEMENTS

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that I may also be subject to a background check and that I must successfully pass a drug screen to be considered for employment. If employed by Corporate Business Solutions, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Applicant:
Signature _____ Date ____ / ____ / ____

DRUG TESTING RELEASE

“I hereby consent to submit to a urinalysis and/or other test as determined by Corporate Business Solutions (The Company) as part of the hiring process. I understand that the purpose of the test is to detect the presence of illegal drugs in my system and with my signature, I consent to this test and that the current use of illegal drugs will cause my application for employment to be withdrawn from further consideration.

I further agree to hold harmless The Company and its agents (including the physician or clinic), from any liability arising in whole or in part, out of the collection of specimens, testing, and use of test results information in connection with The Company’s consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is voluntary on my part and that I have not been coerced into signing this document by anyone.”

Applicant:
Signature _____ Date ____ / ____ / ____

APPLICANT INFORMATION RELEASE

I hereby authorize Corporate Business Solutions and/or Vericon Resources, Inc., and/or any of their authorized agents to gather any of the following information regarding: all records including criminal, credit, driving, drug, and/or education; written or verbal information from previous employers; any other pertinent information relating to the function of my job. I also authorize Corporate Business Solutions and/or Vericon Resources, Inc. and/or any of their authorized agents to gather this information at anytime during my employment with Corporate Business Solutions.

I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check, and are asked for legitimate nondiscriminatory reasons. Responses to sex, age, and race inquiries are voluntary, and choosing not to respond will not preclude hire or promotion. I hereby release Corporate Business Solutions, former employers, other references, and Vericon Resources, Inc. and any of its authorized agents from liability. I understand there is no invasion of privacy. I agree to hold harmless Corporate Business Solutions and Vericon Resources if information supplied by third parties is incomplete, inaccurate and/or contains discrepancies and, I understand I will be given a reasonable time in which to dispute any information found in the background investigation report if I so choose.

I understand that submission of false information on this or any employment form may result in non-selection or in termination if hired. The following is my complete legal name, and all information is true and correct to the best of my knowledge. This information is used for verification purposes ONLY:

| | |
|--|--|
| Last Name, First Name, Middle Name (PLEASE PRINT LEGIBLY) | Position Applying For |
| Applicant's Signature | Driver's License Number & State |

*Responses to the * questions are optional and voluntary, for ID only.

| | | | |
|-------------------------------|-----------------------|--------------|--|
| Social Security Number | *Date of Birth | *Race | *Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|-------------------------------|-----------------------|--------------|--|

| |
|-------------------------------------|
| Former Names and Time Frames |
|-------------------------------------|

| Current Address | City/State | Zip/County | Dates (Mo./Yr.) |
|--|-------------------|-------------------|------------------------|
| Previous Addresses (Past 7 Years) | | | |
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FOR CORPORATE BUSINESS SOLUTIONS OFFICE USE ONLY:

Please complete the following section:

| | | | | | | | |
|---|---------------------------------|------------------------------|-------------------------------|----------------------------------|-------------------------------|---------------------------------|---|
| Please Check Services Requested: | | | | | | | |
| Crim <input type="checkbox"/> | Credit <input type="checkbox"/> | MVR <input type="checkbox"/> | Drug <input type="checkbox"/> | SS Scan <input type="checkbox"/> | Educ <input type="checkbox"/> | Employ <input type="checkbox"/> | Other (specify on fax) <input type="checkbox"/> |
| Contact Name | Phone # | | Date | | | | |

Phone: 770/457-9922
800/795-3784
Fax: 770/457-5006
800/915-1020



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