



FOSHEE MANAGEMENT COMPANY Application for Employment

Thank you for considering Foshee Management Company in your job search. Foshee Management Company is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or (*any state protected classifications*). No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink, complete all questions and sign your initials and name on the last page where indicated.

_____ Date

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				CERTIFICATE OR LICENSE

SPECIAL SKILLS
Software Applications:
Other Skills:

EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: _____ To: _____
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize **Foshee Management Company** 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 release **Foshee Management 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 authorize **Foshee Management Company** to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. **Foshee Management Company** has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____ If hired, I recognize the rules and policies of **Foshee Management Company** I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of **Foshee Management Company** or myself. I understand that the Owner of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to **Foshee Management Company** for their use in evaluating my suitability for employment. Further, I release the examining facility and **Foshee Management Company** from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

Important Information To Know Before Completing An Application for Employment With Foshee Management Company

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with **Foshee Management Company** be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the **Foshee Management Company** representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date

