

# THE FOSHEE COMPANIES

## Application for Employment

Thank you for considering Foshee Payroll in your job search. Foshee Payroll 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

FIRST NAME	MIDDLE INITIAL	LAST NAME
STREET ADDRESS	CITY AND STATE	ZIP CODE
CELL 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
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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 Payroll** 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 Payroll**, 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 Payroll** 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 Payroll** 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 Payroll** 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 Payroll** 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 Payroll** for their use in evaluating my suitability for employment. Further, I release the examining facility and **Foshee Payroll** 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 Payroll

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 Payroll**, 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 Payroll** representative who has been assisting you.
4. Your information will be processed using E-Verify.

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## 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.

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Signature of Applicant

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Date

## Agreement, Authorization, and Consent for Release of Background Information

I, \_\_\_\_\_  
 Last Name                                      First Name                                      Middle Name (Please include Jr., Sr. II, III etc.)

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention ("Employment"), Foshee Payroll will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history, and qualifications. This agency will provide a written report of its findings to Foshee Payroll. Foshee Payroll uses Sterling, a consumer-reporting agency, as an agent to perform its employment related background investigations.

Sterling will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to Foshee Payroll, and Sterling.

I agree, authorize, and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Foshee Payroll if Employment is denied because of information obtained from a consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature of all information provided to Foshee Payroll. I further understand that I may request a copy of the report, and that when doing so proper identification will be required and I should direct my request to Sterling, 3000 Lava Ridge Ct, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

Check this box if you are applying for work with a California, Minnesota, or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your back ground. CA codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENIFACATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

Signed	Today's Date
Printed Name	Position Applied For
Social Security Number	Birth Date
	Drivers License Number                                      State

Other Names Know As: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address: \_\_\_\_\_  
                                     Street                                      Apt#                                      City                                      State                                      Zip Code                                      From/To

Former Address: \_\_\_\_\_  
                                     Street                                      Apt#                                      City                                      State                                      Zip Code                                      From/To

Former Address: \_\_\_\_\_  
                                     Street                                      Apt#                                      City                                      State                                      Zip Code                                      From/To