

PREVIOUS EMPLOYMENT (PLEASE BEGIN WITH MOST RECENT POSITION)

Dates of Employment From _____ To _____		Position(s) held			
Firm	City	State	Phone		
Supervisor		Title			
Responsibilities			Starting Salary	Ending Salary	
Reason for leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment From _____ To _____		Position(s) held			
Firm	City	State	Phone		
Supervisor		Title			
Responsibilities			Starting Salary	Ending Salary	
Reason for leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment From _____ To _____		Position(s) held			
Firm	City	State	Phone		
Supervisor		Title			
Responsibilities			Starting Salary	Ending Salary	
Reason for leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, certifications, licenses or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service.

SCHEDULE AVAILABILITY

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available & desire to work FULL-TIME (35 + hours) & do not have restrictions on my hours and days. (Complete Section B.)

I am available & desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

Student Other Job Other (explain) _____

HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM
TO:	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM	<input type="checkbox"/> A.M. <input type="checkbox"/> PM

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

Please list the names, mailing & email address and telephone numbers of three professional references other than the supervisors named above.

Name		Title	
Company	Email Address		
Street Address	City	State	Zip
Phone:	Mobile:		

Name		Title	
Company	Email Address		
Street Address	City	State	Zip
Phone:	Mobile:		

Name		Title	
Company	Email Address		
Street Address	City	State	Zip
Phone:	Mobile:		

Copies FYI, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Copies FYI, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Copies FYI, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

Full Name (Print): _____ Applicant's SSN: _____ - _____ - _____