

# Falcon Services

## Employment Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_  
Until when? \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Phone \_\_\_\_\_ ☐ cell ☐ home

E-Mail Address \_\_\_\_\_

Position Desired \_\_\_\_\_ What are your dates of availability? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please Circle: Male / Female

Do you possess a valid driver's license? Yes[ ☐ ] No[ ☐ ] Which state? \_\_\_\_\_ (required to drive company vehicles)

Drivers license # \_\_\_\_\_ Are you legally authorized to be employed in the USA? Yes[ ☐ ] No[ ☐ ]

Have you ever been convicted of a criminal offense? Yes[ ☐ ] No[ ☐ ] If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

### Education Information

Circle your present year in school: High School 3 4 College 1 2 3 4 Graduate 1 2 3

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
High School			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
College			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Other			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	

### Date & Signature – To be accepted you must sign and date this application.

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered employment by the employer.

I understand that the company may verify the information that I have provided on this application, on related papers, and in interviews. I authorize all individuals, schools and employers listed on this application to provide any information requested about me, and I release them from all liability for damages in providing this information. I further authorize the company to do a pre-employment background check and I release the company and vendor providing the background check information from all liability for damages in providing this information.

I understand that false, untruthful or misleading answers are cause for the rejection of this application and/or refusal for employment to be offered and if employed, a cause for dismissal.

Date: \_\_\_\_\_, Signature: \_\_\_\_\_

## Employment History

List ALL work experience beginning with your **current or most recent position**.

Explain any gaps in employment

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address(Street, Address City, State, Zip) \_\_\_\_\_  
Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_

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