



Employment Application

AJILON IS AN EQUAL OPPORTUNITY EMPLOYER. NO STATEMENTS OR INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED TO DISCRIMINATE ON THE BASIS OF RACE, SEX, CREED, COLOR, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, PHYSICAL OR MENTAL DISABILITY OR ANY OTHER CATEGORY PROTECTED BY LAW.

PERSONAL INFORMATION (Please print)				
DATE	SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	MIDDLE NAME/INITIAL
PREVIOUS NAME		FIRST NAME	LAST NAME	MIDDLE NAME/INITIAL
STREET ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE		E-MAIL ADDRESS		
EMERGENCY CONTACT		EMERGENCY PHONE		RELATIONSHIP
HOW WERE YOU REFERRED TO AJILON? (If applicable, provide name)		POSITION DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESIRED SALARY \$
WOULD YOU TRAVEL, IF REQUIRED BY THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER 18, CAN YOU PRODUCE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU WORKED FOR AJILON, ADECCO, ADIA, OLSTEN, LHH, TAD, ACCOUNTANTS ON CALL, CO-COUNSEL OR AN AFFILIATED COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT HISTORY (Please print) MAY WE CONTACT YOUR CURRENT EMPLOYER FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>LIST ALL JOBS INCLUDING PART TIME AND SELF-EMPLOYMENT BEGINNING WITH THE PRESENT OR MOST RECENT (DO NOT REFERENCE A RESUME).</i>				
EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	ENDING SALARY \$
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		YOUR TITLE		
DESCRIPTION OF DUTIES		SUPERVISOR NAME		
SUPERVISOR TITLE		REASON FOR LEAVING		
EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	ENDING SALARY \$
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		YOUR TITLE		
DESCRIPTION OF DUTIES		SUPERVISOR NAME		
SUPERVISOR TITLE		REASON FOR LEAVING		
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STREET ADDRESS		CITY	STATE	ZIP CODE
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EMPLOYER NAME	FROM (MO/YR)	TO (MO/YR)	STARTING SALARY \$	ENDING SALARY \$
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER		YOUR TITLE		
DESCRIPTION OF DUTIES		SUPERVISOR NAME		
SUPERVISOR TITLE		REASON FOR LEAVING		
CHOOSE THE TYPE OF INDUSTRY THAT BEST REFLECTS THE MAJORITY OF YOUR WORK EXPERIENCE:				
<input type="checkbox"/> STAFFING – SALES <input type="checkbox"/> STAFFING – NON-SALES <input type="checkbox"/> NON-STAFFING – SALES <input type="checkbox"/> OTHER INDUSTRY				
DESCRIBE YOUR HOBBIES, INTERESTS, MEMBERSHIPS IN PROFESSIONAL, CIVIC OR SOCIAL ORGANIZATIONS THAT MAY DIRECTLY RELATE TO THE JOB APPLIED FOR (You may exclude those that would disclose your sex, race, creed, color, national origin, age, marital status, sexual orientation, physical or mental disability or any other category protected by law):				
SUMMARIZE ANY INFORMATION YOU THINK NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE JOB APPLIED FOR:				

EDUCATION (Please print)

HIGH SCHOOL

SCHOOL NAME	CIRCLE LAST YEAR COMPLETED 9 10 11 12	DID YOU RECEIVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	TYPE OF DEGREE	

COLLEGE

SCHOOL NAME	CIRCLE LAST YEAR COMPLETED 1 2 3 4	DID YOU RECEIVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	TYPE OF DEGREE	MAJOR

GRADUATE SCHOOL

SCHOOL NAME	CIRCLE LAST YEAR COMPLETED 1 2 3 4	DID YOU RECEIVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	TYPE OF DEGREE	MAJOR

TRADE/VOCATIONAL/OTHER

SCHOOL NAME	CIRCLE LAST YEAR COMPLETED 1 2 3 4	DID YOU RECEIVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	TYPE OF DEGREE	MAJOR

CERTIFICATIONS AND LICENSES

WHAT FOREIGN LANGUAGES ARE YOU FLUENT IN?

SPEAK READ WRITE

REFERENCES (Please print) Please indicate three professional references, excluding relatives, with whom you have worked for at least one year. Former managers, supervisors or project leaders are preferred.

NAME	ADDRESS		HOME PHONE
COMPANY AFFLIATION (IF ANY)	TITLE	RELATIONSHIP	YEARS KNOWN
NAME	ADDRESS		HOME PHONE
COMPANY AFFLIATION (IF ANY)	TITLE	RELATIONSHIP	YEARS KNOWN
NAME	ADDRESS		HOME PHONE
COMPANY AFFLIATION (IF ANY)	TITLE	RELATIONSHIP	YEARS KNOWN

CERTIFICATION

I CERTIFY THAT THE ANSWERS AND INFORMATION PROVIDED ON THIS FORM AND ANY ADDENDA ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I SHALL ENSURE THAT SUCH FACTS ARE ACCURATE FOR THE DURATION OF MY EMPLOYMENT (IF I AM OFFERED EMPLOYMENT) AND WILL ADVISE AJILON OF ANY CHANGES TO SAID INFORMATION. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS FORM MAY RESULT IN JOB REFUSAL OR DISCHARGE. I AUTHORIZE AJILON TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS FORM, AND TO DO REFERENCE CHECKS AND A MEDICAL EXAMINATION (INCLUDING BUT NOT LIMITED TO A DRUG TEST), AS DEEMED APPROPRIATE TO DETERMINE COMPLETE QUALIFICATION, IN CONNECTION WITH THIS APPLICATION. I AUTHORIZE ALL CORPORATIONS, COMPANIES, CREDIT AGENCIES, EDUCATIONAL INSTITUTIONS, PERSONS, LAW ENFORCEMENT AGENCIES, MILITARY SERVICES AND FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO AJILON OR ITS AGENTS AND RELEASE THEM FROM ANY LIABILITY OR RESPONSIBILITY WHATSOEVER; FURTHER I AUTHORIZE THE PROCUREMENT OF ANY INVESTIGATIVE CONSUMER REPORT (E.G. CREDIT CHECK, CRIMINAL BACKGROUND CHECK), AND UNDERSTAND THAT SUCH REPORT MAY CONTAIN INFORMATION ABOUT MY BACKGROUND, CHARACTER AND PERSONAL REPUTATION. I UNDERSTAND THAT INFORMATION ABOUT THE NATURE AND SCOPE OF THIS REPORT MAY BE AVAILABLE TO ME UPON WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME. I UNDERSTAND THIS NOTICE WILL ALSO APPLY TO ANY UPDATED FUTURE REPORTS THAT MAY BE OBTAINED.

I further agree and acknowledge that my employment is "Employment at Will" and can be terminated with or without cause or notice, at any time. I further agree and acknowledge that nothing in this application or any addenda is intended to imply or create an employment relationship or contract.

SIGNATURE OF APPLICANT _____

DATE _____

Application Addendum

(Please print)

Name: _____ Social Security #: _____ - _____ - _____
last first middle initial

Address: _____

City: _____ State: _____ Zip Code: _____

I understand and agree to the following:

1. I certify that all the information submitted on my application and any addenda is true and complete. I understand that if any false information, omissions, or misinterpretations are discovered, my application may be rejected and, if I am employed, I may be subject to discipline, up to and including termination.
2. As part of my application for employment, I authorize Ajilon to verify my past employment and education and to obtain references and confirm any information provided on my application or submitted to Ajilon.
3. I understand and agree that if I am hired by Ajilon, **my employment relationship with Ajilon is at will**. This means Ajilon has the right to end my employment at any time, with or without cause, with or without notice. I understand that no representative of Ajilon, other than its President, and then only in writing and signed by the President, has the authority to enter into any agreement with an employee for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand and agree that Ajilon cannot and does not guarantee its employees that any assignment or employment will last for any fixed duration.

Except for those records which have been sealed or erased by the court have you ever been convicted of a felony or misdemeanor? (Please read below before answering) Yes No

- If you are in the State of **Utah**, answer NO if the conviction is a MISDEMEANOR conviction.
- If you are in the State of **California**, answer NO if the conviction is: a) a MISDEMEANOR conviction relating to Marijuana that is more than two (2) years old or b) relates to a referral to and participation in any pre-trial or post-trial diversion program.
- If you are in the State of **Washington** please limit your response to (7) years.
- If you are in **Washington D.C.** please limit your response to (10) years.
- If you are in the State of **Massachusetts**, answer NO if the conviction is a MISDEMEANOR conviction that: a) is a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbances of the peace or b) where the date of conviction or the completion of any resulting incarceration is more than five (5) years.

(Note: A criminal conviction is not necessarily a disqualifying factor for employment. All circumstances will be considered, such as the nature of the offense, the date of the offense, rehabilitation, the surrounding circumstances and the relevance of the offense to the position(s) applied for.)

If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case:

Signature: _____ Date: _____

Ajilon is an Equal Opportunity Employer – It is the Company’s policy to make all employment decisions without regard to sex, race, creed, color, national origin, age, marital status, sexual orientation, physical or mental disability, or any other category protected by law.