

BASS
& ASSOCIATES
P.C., ATTORNEYS AT LAW

Application for Employment

The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

PLEASE PRINT

Last Name	First Name	Middle Name
Address	Street	Apt. #
City	State	Zip Code
Social Security	Telephone	

If you are 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Can you furnish proof of identity and authorization to work in the U.S. prior to hire?	Yes	No
Do you smoke?	Yes	No
Have you ever been convicted of a crime or found responsible for a traffic violation? If yes, give date and details of each. Applicants with convictions are not automatically excluded from all positions.	Yes	No

Military Information:

Branch: _____ Years: _____ National Guard: _____

Work Related Information:

Positions applied for: _____

Date available to work: _____

Are you seeking: Full Time: _____ Part Time: _____ Temp: _____

Please indicate hours available for work:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start							
Stop							

Have you ever worked for this Firm before? _____ If yes, state dates and position held: _____

Can you perform functions for which you are applying with or without reasonable accommodation?	Yes	No
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Who should be notified in case of an emergency?

Name:	Relationship
Address:	Phone: Office () - Home () -

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Employment History:

Employer	Date employed mm/yy		Work performed
	From	To	
Address			
Telephone Number(s)			
Job Title Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Date employed mm/yy		Work performed
	From	To	
Address			
Telephone Number(s)			
Job Title Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Date employed mm/yy		Work performed
	From	To	
Address			
Telephone Number(s)			
Job Title Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
Employer	Date employed mm/yy		Work performed
	From	To	
Address			
Telephone Number(s)			
Job Title Supervisor	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Professional References:

	()	
Name		Phone
	()	
Name		Phone
	()	
Name		Phone

Application for Employment

Education:

School	Date	Degree/Level

Acknowledgment:

I hereby certify that the information given by me in this application is complete and true in all respects. I understand that any omission, misrepresentation or falsification will preclude my application from further consideration. I further understand that if employed, the subsequent disclosure of any omission, misrepresentation or falsifications will result in the termination of my employment. I hereby authorize Bass & Associates to make all necessary and appropriate investigations to verify the information contained herein and I authorize my former employers to release information pertaining to my work record, my work habits and my work performance while in their employment. I further release all parties, including Bass & Associates and those individuals named herein for all liability for any damage that may result from furnishing information to Bass & Associates regarding my suitability for employment.

In making this application for employment, I understand that an investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics and mode of living, whichever may be applicable. If such an investigative report is made, I understand I will receive such notice that such a report has been requested and that I will have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I understand that, upon being hired, I will have to prove authorization to work in the United States.

I understand and agree that if I am offered employment by Bass & Associates, my employment will be for no definite term and either Bass & Associates or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and the President of Bass & Associates.

I further understand that my employment will initially be for a trial period of ninety (90) days from the date of hiring, but that my completion of that trial period does not alter my status as an at-will employee of Bass & Associates.

I understand that this application will remain active for a period of thirty (30) days unless I renew it personally and in writing.

Date

Signature

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Authorization to Release Information

I, _____, hereby authorize Bass & Associates, P.C. to make an independent investigation of my references and employment history including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and /or obtaining other information which may be material to my qualifications for employment.

I release Bass & Associates, P.C. or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name: _____

Maiden or other name used: _____

Social Security: _____

Signature: _____

Date: _____

**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
 CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
 (PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **Bass & Associates, PC** by and through an independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA")**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character and general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Bass & Associates, PC by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Bass & Associates, PC, **KBA** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name: _____ Date: _____
 First Middle Last

Other Names Used (alias, maiden, nickname) _____ YEARS USED _____

Current Address: _____
 Street /P. O. Box City State Zip Code County Dates

Former Address: _____
 Street /P. O. Box City State Zip Code County Dates

Former Address: _____
 Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth*: _____ Gender* _____

- Have you ever been sanctioned or had your licenses suspended or revoked? Yes ___ No ___
- Are you currently under any investigation or pending charge? Yes ___ No ___

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.