

- INSTRUCTIONS:**
1. Print clearly with ball-point pen
  2. Please complete all information as completely as possible even if resume is attached
  3. Please show all dates numerically (01 through 12 for months; last two digits for the year)

**PERSONAL INFORMATION:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number { \_\_\_\_\_ } { \_\_\_\_\_ } { \_\_\_\_\_ } Drivers License Number: \_\_\_\_\_

**JOB INFORMATION:**

Applying for position(s) of: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available to begin work? \_\_\_\_\_

Can you, after employment, submit verification of your eligibility to work in the United States: \_\_\_ Yes \_\_\_ No

How were you referred to DRS. BRAHMS, COHN & LEB, INC.?

\_\_\_ Advertisement \_\_\_ Walk-In \_\_\_ Indeed \_\_\_ Zip Recruiter \_\_\_\_\_ Employee

Do you have a non-compete agreement? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a criminal offense other than minor traffic violations? \_\_\_ Yes \_\_\_ No

\*If "yes" give date, offense, and location. (A criminal conviction is not an absolute bar to employment and a conviction will be considered only as it relates to the job in question.)

**EDUCATIONAL INFORMATION:**

Name and Address of High School: \_\_\_\_\_

Major/Minor Field of Study: \_\_\_\_\_ Graduated?: \_\_\_\_\_ Type of Degree/Diploma: \_\_\_\_\_

College/University Name and Address: \_\_\_\_\_

Major/Minor Field of Study: \_\_\_\_\_ Graduated?: \_\_\_\_\_ Type of Degree/Diploma: \_\_\_\_\_

Graduate School Name and Address: \_\_\_\_\_

Major/Minor Field of Study: \_\_\_\_\_ Graduated?: \_\_\_\_\_ Type of Degree/Diploma: \_\_\_\_\_

Technical/Business/Other: \_\_\_\_\_

Major/Minor Field of Study: \_\_\_\_\_ Graduated?: \_\_\_\_\_ Type of Degree/Diploma: \_\_\_\_\_

**U.S. MILITARY SERVICE:**

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Present membership in National Guard or Reserves: \_\_\_\_\_

**SPECIAL SKILLS, CERTIFICATES, LICENSES:**

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**EMPLOYMENT INFORMATION:** Please list employment history for the last three (3) employers. Begin with your most recent employer. You may include volunteer work, summer work, part-time or full-time work.

1. Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position held?: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Eligible for Rehire? \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position held?: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Eligible for Rehire? \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position held?: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Eligible for Rehire? \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## **CERTIFICATION - Please read carefully before signing**

1. I certify that the information in this application for employment is true and complete to the best of my knowledge. I understand that deliberate falsification or omission of this information will result in refusal of employment or dismissal.
  
2. In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including the following: (1) a consumer report (2) a criminal record check (3) a motor vehicle report if your job involves driving a car (4) employment verification and (5) education verification.
  - a. Consumer Report - DRS. BRAHMS, COHN & LEB, INC. will request a consumer report from an outside agency. You have the right to have disclosed to you, upon request, whether or not a consumer report was procured or prepared, and if so, you have the right to be informed of the nature of the report and the location and telephone number of the agency that provided the report. By signing this document you authorize DRS. BRAHMS, COHN & LEB, INC. to obtain a consumer report for the purpose of determining your suitability for employment with DRS. BRAHMS, COHN & LEB, INC. **If DRS. BRAHMS, COHN & LEB, INC. obtains a consumer report, I wish to receive a copy of the report free of charge. \_\_\_ Yes \_\_\_ No.**
  - b. Criminal Record Check - Except where prohibited by state or local law, DRS. BRAHMS, COHN & LEB, INC. will initiate an investigation as to whether or not you have a history of criminal convictions, and if so, the details of those convictions. By signing this document, you authorize DRS. BRAHMS, COHN & LEB, INC. to initiate such an investigation for the purpose of determining your suitability for employment with DRS. BRAHMS, COHN & LEB, INC.
  - c. Motor Vehicle Record Check - If your job involves driving a car, DRS. BRAHMS, COHN & LEB, INC. will obtain a copy of your motor vehicle record. By signing this document, you authorize DRS. BRAHMS, COHN & LEB, INC. to obtain such a record for determining your suitability for employment with DRS. BRAHMS, COHN & LEB, INC. based on our fleet safety guidelines.
  
3. I authorize the employers given above to furnish DRS. BRAHMS, COHN & LEB, INC. any information regarding my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same.
  
4. In consideration of my employment, I agree to the rules and regulations of DRS. BRAHMS, COHN & LEB, INC. I understand that if hired I will be an at-will employee and my employment and my compensation can be terminated with or without cause, and with or without notice, at the option of either DRS. BRAHMS, COHN & LEB, INC. or myself. I understand that no representative of DRS. BRAHMS, COHN & LEB, INC., other than a Managing Partner, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing.

**PLEASE SIGN:** Your signature below indicates that you have read and understand items 1 through 4 above.

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

DRS. BRAHMS, COHN & LEB, INC. is an Equal Opportunity Employer