



WORKSMART SYSTEMS, INC.

Employment Application

WorkSmart Systems is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

CLIENT INFORMATION	
Client Company: Area 10 Agency on Aging	
Address: 631 W. Edgewood Drive	City, State, and Zip: Ellettsville, IN 47429
Phone Number: 8128763383	Fax Number 8128769922

APPLICANT INFORMATION			
Last Name	First	M.I.	Date 6/10/2013
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School:		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College:		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EMPLOYMENT DATA						
You would accept:	Full Time	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	Part Time	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	Temporary	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Please indicate days available for work:						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours available for work?		From:			To:	
If necessary, will you work overtime?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
List any professional licenses you hold that are applicable to position applied for:						
Type:	License No:		Exp Date:			
Skills: Typing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	WPM:			
Transcription	Yes <input type="checkbox"/>	No <input type="checkbox"/>	WPM:			
Word Processing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Equipment: How long:			
Please list any additional pertinent experience, skills, training, or volunteer experience that you have for the position which you are applying:						

EMPLOYMENT HISTORY		
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INSTRUCTIONS: Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be accurately evaluated.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time, and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. **A resume MAY NOT be substituted for this section.** However, a resume may be attached upon full completion of this application.
4. Start with the most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- WorkSmart Systems, Inc. is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, national origin, sex, age, political affiliation or disability except when physical condition is a bona fide occupational qualification.
- This application must be filled out in detail. Failure to complete all sections, or to sign this form, will result in its being returned for completion, causing delay or possible disqualification.
- This application will remain active for 6 months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates WorkSmart Systems, Inc. or its partners to employ me or that there are any positions available.
- As an applicant for employment with WorkSmart Systems, Inc., I have furnished information for use in determining my qualifications for employment. I hereby authorize WorkSmart Systems, Inc. to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release WorkSmart Systems, Inc., current and past employers and references named herein (or in accompanying resume), from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a urine drug screen if required for the position. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- I agree to have a physical examination (company paid) if required for the position and understand that any offer of employment is contingent upon my passing this physical examination.
- I understand and agree that if employed, I will be an employee "at will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, that WorkSmart Systems, Inc. and its partners shall have the same right.
- If employed, I agree to abide by all present and subsequently issued personnel policies and policies of employment.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. (A list of acceptable documents is available through the Human Resources department. However, the most commonly used ID is (1) a Passport or (2) a Social Security Card and Driver's License.)
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration or being terminated should I already be employed by WorkSmart Systems, Inc. or its partners.
- My signature conveys that I have read, understand and agree to all statements listed above.

Signature: _____

Date: