

NBS inc. Application For Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information			DATE	
NAME (LAST NAME, FIRST NAME)			SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.		REFERRED BY	

Employment Desired		
POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO NBS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO WHEN?	HOW?

Education History				
	NAME & LOCATION OF SCHOOL	# OF YEARS	GRADUATED?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information	
SUBJECT OF SPECIAL STUDY / RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
MILITARY SERVICE	RANK

Employment History (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)				
DATE, MONTH, AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)			
NAME & PHONE #	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal and state laws. I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are require, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

SIGNATURE _____ PRINT NAME _____ DATE _____

FILL OUT THIS FORM AND ATTACH YOUR RESUME TO AN EMAIL, SEND TO JOBS@NBSINC.NET