



Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

CURRENT MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN.

CAN YOU, WITH OR WITHOUT REASONABLE ACCOMMODATIONS PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB?

ARE YOU RELATED TO AN EMPLOYEE OF TALENTFUSE OR ITS AFFILIATES? IF YES PLEASE GIVE NAME.

EMPLOYMENT INFORMATION

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____ TODAY'S DATE: _____

SALARY AND/OR RATE DESIRED: _____

HOW WERE YOU REFERRED TO TALENTFUSE? REFERRED BY WHOM:

MONSTER: _____ ADVERTISEMENT _____

FRIEND: _____ TALENTFUSE WEBSITE: _____

CRAIG'S LIST: _____ OTHER (JOB FAIR, RADIO, ETC.): _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? IF YES, WHEN? FROM: _____ TO: _____
(M/Y) (M/Y)

TYPE OF EMPLOYMENT DESIRED: FULL TIME: _____ PART TIME: _____ CONTRACT: _____

I UNDERSTAND THAT AN OFFER OF EMPLOYMENT, AND MY CONTINUED EMPLOYMENT WITH TALENTFUSE, INC. ARE CONTINGENT UPON SATISFACTORY PROOF OF MY AUTHORIZATION TO WORK IN THE UNITED STATES

PLEASE INITIAL: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 COLLEGE: 1 2 3 4 GRADUATE: 1 2 3+

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

PROFESSIONAL REFERENCES

NAME: _____ **COMPANY AND RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

NAME: _____ **COMPANY AND RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

NAME: _____ **COMPANY AND RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

PLEASE READ AND SIGN

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT THE EMPLOYER MAY REQUEST AN INVESTIGATIVE CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY. THIS REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING OBTAINED FROM INTERVIEWS WITH NEIGHBORS, FRIENDS, FORMER EMPLOYERS, SCHOOLS, AND OTHERS. I UNDERSTAND I HAVE A RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE TIME FOR THE DISCLOSURE OF THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY SO THAT I MAY OBTAIN A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION.

I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE, WHETHER LISTED OR NOT, ANY PERSON, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYERS AND ORGANIZATIONS TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING A HIRING DECISION. I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO THE WORK FOR WHICH I AM APPLYING. I UNDERSTAND I MAY BE REQUIRED TO SUCCESSFULLY PASS A DRUG SCREENING EXAMINATION. I HEREBY CONSENT TO A PRE- AND/OR POST EMPLOYMENT DRUG SCREEN AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

APPLICANT SIGNATURE: _____ **DATE:** _____



**AUTHORIZATION / CONSENT FORM
CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT**

I, _____ Date of Birth ____/____/____
Last Name First Name Middle Initial (month/day/year)

List other names used if applicable _____

Social Security Number _____, do hereby voluntarily and knowingly authorize **TalentFuse**, for employment purposes only (including initial hiring decisions and, if hired, at any time during employment) to have **Background Profiles, Inc.**, a Consumer Reporting Agency ("CRA") located at 3478 Buskirk Avenue, Suite 102, Pleasant Hill, Ca, 94523, Ph(925) 974-1820, obtain a Consumer Report and/or an Investigative Consumer Report on me. A Consumer Report as defined by the Fair Credit Reporting Act ("FCRA") is a written report prepared by a CRA that may be a summary of my credit standing, capacity, or worthiness, character, general reputation, personal characteristics, or mode of living. It may include Workers' Compensation records, education records, criminal records, motor vehicle Driver Records and/or employment records. An Investigative Consumer Report is a report prepared by a CRA that may contain information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with my friends, neighbors or associates. I understand that I have a right to request, in writing, a copy of the summary of rights under the Fair Credit Reporting Act (FCRA). I also understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

My drivers' license number is _____ and was issued by the state of _____.

Current address:

No. Street County City State Zip

Length at current address: _____ (If less than 7 years please provide previous addresses)

Previous address:

No. Street County City State Zip

Length at previous address: ____mos____yrs

No. Street County City State Zip

Length at previous address: ____mos____yrs

No. Street County City State Zip

Length at previous address: ____mos____yrs

California, Oklahoma and Minnesota applicants only:

You have the right to receive a copy of your Consumer Report free of charge should one be requested for employment reasons.

Check this box if you wish to be furnished with a copy of your consumer report should one be ordered.

I hereby authorize any person, agent, corporation, company, agency, or institution to release any information, documents, or assessments they possess regarding me, or my performance, as an employee, student, associate, or acquaintance. I also authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Signature: _____ Date: _____

Client Account Number: **A408000**