

Application for Employment—Business Futures, Inc.

(Please Print)

Name: _____ Date Of Application: _____
(First) (Middle) (Last)

Present Address: _____ How Long: _____
(street) (city) (state & zip code)

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Website: _____

Are You: _____ A U.S. Citizen _____ An Alien Admitted for Permanent Residence (Alien # _____)
 An Alien Authorized to Work in the U.S. (Alien # _____, Admission # _____, Expiration _____)

Please Note: This application form was designed for use by persons applying for various types of positions – clerical, professional, technical, and administrative. Please answer these questions to the best of your ability.

Position for which you are applying: _____ Are you at least 18 years of age? _____

How did you hear about the job? _____

Do you wish to work: ___ Full Time ___ Part Time; if part time, specify hours and days: _____

Availability: Are you available until 7PM? _____ Are you available for on-call? _____

Days you are available to work: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Your minimum wage requirement: _____ Date Available for work: _____

Do you have any agreement with a current or former employer that might affect your employment with us? _____
If “yes”, please explain: _____

Typing Speed: _____ words per minute 10 Key Speed _____

Business or maintenance machines or equipment you can operate that may be job-related: _____

Software Level of Knowledge: N = None; B = Beginning; M = Medium; E = Expert. Enter Letter and # of years used:
Word _____ Excel _____ Outlook _____ QuickBooks _____ Website Maintenance _____ Website Design _____

Comments: _____

Other Skills: _____

Driver's License: ___ Personal State _____ # _____ Expiration Date: _____
___ Commercial _____ # _____ Expiration Date: _____

Have any of your driver's licenses in any state ever been surrendered, denied, suspended, revoked, restricted or investigated? _____
If “yes”, please explain: _____

Professional License: Type _____ No. _____ Expiration Date: _____ State _____

Have any of your professional licenses in any state ever been surrendered, denied, suspended, revoked, restricted, investigated or been placed on probation? _____ If “yes”, please explain: _____

Have you ever had any claim or judgment made against you or any settlement made on your behalf in a professional liability case at any time during your professional practice? _____ If “yes”, please explain: _____

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	Dates (Month and Year)	Degree or Certificate	Subjects Studied
High School				
College				
Trade or Business School				
Other				

In the following spaces, give a complete record of your employment. Begin with your most recent employment and work back. Use a separate sheet to list additional employers if you have had more than 3 former employers during the past 3 years regardless of how long you worked for the employer. **You must complete this section, do NOT write "See Resume."**

Employer:	Employed	Starting Position
Address:	From: _____ Mo/Yr	Last Position
Telephone:	To: _____ Mo/Yr	Other Positions Held
Starting Salary:	Final Salary:	Immediate Supervisor:
Duties:		

Reason for Leaving (Reason why you resigned or were terminated)

Employer:	Employed	Starting Position
Address:	From: _____ Mo/Yr	Last Position
Telephone:	To: _____ Mo/Yr	Other Positions Held
Starting Salary:	Final Salary:	Immediate Supervisor:
Duties:		

Reason for Leaving (Reason why you resigned or were terminated)

Employer:	Employed	Starting Position
Address:	From: _____ Mo/Yr	Last Position
Telephone:	To: _____ Mo/Yr	Other Positions Held
Starting Salary:	Final Salary:	Immediate Supervisor:
Duties:		

Reason for Leaving (Reason why you resigned or were terminated)

What are the job-related abilities that you would like the Company to consider in evaluating your qualifications for the position you have applied? _____

During your past employment, were you able to carry out all of your assigned job responsibilities in a safe, effective and efficient manner? _____ If "no," which job responsibilities were you not able to carry out in a safe, efficient or effective manner: _____

Did you receive any written warnings or other disciplinary action concerning the performance of your job responsibilities at any of your previous jobs? _____ If "yes," please explain: _____

Have you been unemployed at any time during the past 10 years? _____ If "yes," please state the date(s) and the reason(s) for your unemployment: _____

Do you expect to work elsewhere or be self-employed (full or part time) if employed here? _____ If "yes," please state your position, nature of business, name and phone number of your employer and days and hours you work: _____

Do any of your relatives work for or rent from the Company? _____ If "yes," please list name(s) and addresses: _____

List languages you Speak: _____ Read: _____ Write: _____

Do you have your own tools? _____

Do you smoke? Yes ___ No ___ Do you use any illegal drugs? Yes ___ No ___

Have you been arrested, convicted or charged (including by summons) with any crimes (felony or misdemeanor)? Yes ___ No ___ List dates, states and Explain: _____

In order to permit a check of your work and educational records, please indicate any change of name or assumed name that you previously used and relevant dates: _____

Emergency Contact: Name _____ Phone # _____
Address _____

Complete only if you are looking for on-site housing as part of your employment:

How many bedrooms do you need? _____ Any other housing requirements? _____

Names of other Adults who would live on-site with you: _____

Number of Pet/Animals _____ Types/Breeds _____ Weights _____ Ages _____

Have you ever been evicted from any tenancy or Are you now being evicted? Yes ___ No ___

AGREEMENT

(Please read the following statements carefully before signing.)

I hereby affirm that the information provided on this Application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree to advise the President of Business Futures, Inc. in writing of any change or addition to any information contained in the Application. I agree that false or misleading information or the omission of information from this Application or during interviews (including leaving blanks on this Application or my failure to correct or add to the information that changes during the course of my employment) or if I otherwise provide false or misleading information to Business Futures, Inc. or any of its partnership or LLC entities (individually or collectively "Company") at any time during my employment ("Inaccurate Information"), the Inaccurate Information will disqualify me from consideration for employment or will result in my immediate dismissal if discovered at a later date. I further agree to release, hold harmless and indemnify the Company from any and all liability, damages, claims, costs, losses and expenses, including attorney fees that may be incurred by the Company by relying on Inaccurate Information.

I agree to any investigation conducted by the Company of my past employments and my qualifications for employment as deemed appropriate, in the Company's absolute discretion ("Investigation"), and I agree to fully cooperate in such Investigation. I agree to release, indemnify and hold harmless all persons and other entities from all liability, damages, claims, costs and expenses, including attorney fees, in connection with the provision of the information requested by the Company ("Third Parties") so long as the Third Parties act in good faith in providing the requested information. I further agree to release, indemnify and hold harmless the Company from all liability, damages, claims, costs, losses and expenses, including attorney fees, in connection with its conducting an Investigation and the use by the Company of any information received from Third Parties. I also agree to the Company releasing information about my performance of any job I may receive with the Company in the event I seek employment with another employer in the future unless I give prior written notice to the President of the Company of my revocation of this consent.

I agree to immediately advise the President of the Company, in writing, if, at any time during my employment, I am not able to safely or competently perform any job responsibility assigned to me during the course of my employment or if, for any reason whatsoever, I may pose a risk of harm to the residents or staff of the Company.

I hereby agree to test for drug and alcohol ("Drug Tests") as well as examinations, testing or other health assessments or the review of data related to my health status that may be requested by the Company to determine my present and continuing qualifications to safely or competently perform the responsibilities of any position I may be offered or receive with the Company ("Health Assessment"). I hereby agree and authorize the release of copies of all medical and any other information requested by the Company in connection with: (i) any Health Assessment; (ii) any Drug Tests; (iii) any illness, injury or accident which may be job-related; or (iv) an evaluation by the Company of my ability to safely or competently perform the responsibilities of any position I am offered or receive with the Company. I hereby agree to a search of any of my possessions brought onto the Company premises and any property used by me on the Company premises; including but not limited to my vehicle or desk, whether or not prior notice is given to me and whether or not I am present at the time of the search.

I understand and agree that the agreement/consents contained in the Agreement ("Consents") will continue throughout the course of my employment with the Company unless I revoke the Consent(s) by submitting a written statement revoking the Consent(s) to the President of the Company ("Refusal of Consent"). I understand the my Refusal of Consent must be received prior to the time the activity to which I am objecting has taken place and may disqualify me from continued employment, in the sole and absolute discretion of the Company.

I understand and agree that, if hired: (i) my employment with the company may be terminated, with or without cause, at any time, in the absolute discretion either of the Company or myself; (ii) no officer, shareholder, partner, director, employee, representative or agent of the company (individually or collectively "Employee") has any authority to give any oral or written assurances about any term, benefit or condition of employment or to change the "at will" status of my employment, nor may I imply from any conduct or custom of the Company or of an Employee any assurance of any term or condition of my employment with the Company or any change in the "at will" status of my employment, the sole exception being a writing, addressed to me and signed by the President which writing expressly provides that my "at will" employment status is no longer in effect; (iii) the Company reserves the right to change my job responsibilities, wages, benefits and any other term or condition of my employment at any time to meet the needs of the Company, in its sole discretion, except the "at will" status of my employment.

I understand and agree that, at the time that my voluntary or involuntary termination from employment with the Company, the Company's obligations to me are solely to pay the wages and other compensation (including bonuses and commissions) which I have earned as of the last day I worked for the Company. I agree that any amounts I owe to the Company for any violation of any Company policy or otherwise may be set off and applied against the wages owed to me at the time of termination and, to the extent the deductions from my final paycheck do not compensate the Company for all amounts I owe to the company, I agree to promptly pay these amounts to the Company.

I further understand and agree no employment is being offered by this Application for Employment or this Agreement, which is an integral part of this Application for employment.

Signature: _____ Date: _____

Authorization for Release of Information

CONSENT:

I authorize and direct any Federal, State or local agency, organization, business, or individual to release information that will verify certain facts as represented on my application to rent a home or for employment at **Business Futures, Inc.**

This includes records of my rental payment history including a criminal background check, credit report, any violations of my lease or occupancy policies, employment history including contacting my past and present employers or other such records and information as needed by management.

INFORMATION COVERED:

Verifications and inquiries that may be requested included, but are not limited to:

Identity	Employment
Income	Criminal Activity
Residence Activity	Credit

This form cannot be used to request a copy of a tax return. If a copy is needed, a separate form must be prepared stating: "Request for Copy of Tax Form".

GROUPS THAT MAY BE ASKED:

Previous Landlords	Past and Present Employers
Courts and Post Office	Schools and Colleges
Law Enforcement Agencies	Utility Company
Credit Providers and Credit Bureaus	Banks or other Financial Institutions
Past or Present Neighbors	

CONDITIONS:

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original is on file in the management office and will stay in effect for a year and a month from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect.

SIGNATURES:

Complete Address including City, State, Zip Code

Date of Birth

Social Security #

Driver License # & State

Signature

Print Name (first, middle, last)

_____/_____/_____
Date

If Co-Applicant:

Complete Address including City, State, Zip Code

Date of Birth

Social Security #

Driver License # & State

Signature

Print Name (first, middle, last)

_____/_____/_____
Date

Reference: _____