

We are an EQUAL OPPORTUNITY EMPLOYER.

APPLICANT INFORMATION			
Name: Last (<i>as appears on social security card</i>)		First	Middle
Address	City	State & Zip Code	Telephone: Area No. ()
Are there other names under which your employment or educational records, references and other information may be verified?			
If hired, can you submit verification of your legal right to work in the US?		If you are under 18 years of age can you provide proof of eligibility to work?	
Have you previously applied for employment with this company?		How did you hear about the company?	
Some positions require that an employee drive a personal vehicle in the course of assigned duties. Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you insurable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any crime other than a minor traffic violation? If yes, please explain (a record of previous convictions is not an automatic bar to employment)			
TYPE OF EMPLOYMENT DESIRED			
Preferred Position	Work Schedule Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ Hrs.	Date Available	Salary Expected
EMPLOYMENT HISTORY			
<i>Please list your employment history for the last ten years or last four employers, starting with your present or most recent employment and noting any periods in which you were not employed in the section marked "Additional Information".</i>			
From (Mo. / Yr.)	Name & Address of Employer	Immediate Supervisor Name:	
To (Mo. / Yr.)		Title:	
Starting – Ending Salary		Phone No.	If present employer, may we contact?
Position			
Describe your principal duties and responsibilities			
Reason for leaving			
From (Mo. / Yr.)	Name & Address of Employer	Immediate Supervisor Name:	
To (Mo. / Yr.)		Title:	
Starting – Ending Salary		Phone No.	
Position			
Describe your principal duties and responsibilities			
Reason for leaving			

EMPLOYMENT HISTORY / CONTINUED					
From (Mo. / Yr.)	Name & Address of Employer			Immediate Supervisor	
To (Mo. / Yr.)				Name:	
Starting – Ending Salary				Title:	
				Phone No.	
Position					
Describe your principal duties and responsibilities					
Reason for leaving					
From (Mo. / Yr.)	Name & Address of Employer			Immediate Supervisor	
To (Mo. / Yr.)				Name:	
Starting – Ending Salary				Title:	
				Phone No.	
Position					
Describe your principal duties and responsibilities					
Reason for leaving					
EDUCATION					
High School (Name, City, State)	Number of Years Attended	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If GED, date received.	
College or other schools attended	Location (City/ State)	Number of Years Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma, degree or certificate	Course of Study
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION					
Type of License, Registry or Certification	Issuing state or organization	Number	Expiration Date		
SPECIAL SKILLS					
Summarize any training and skills that would be applicable to your employment; e.g., word processing, spreadsheet, medical terminology, foreign language(s), etc.					
ADDITIONAL INFORMATION					
Please indicate any additional information that you think would be applicable; e.g., internships, membership in professional organizations, additional relevant employment and explanation of any gaps in employment. Exclude any information which would denote your race, sex, age, marital status, national origin, religious or political affiliations.					

REFERENCES <i>Please list three business/professional individuals who have knowledge of your occupational skills and background</i>	
Name	Phone Number
Occupation	Relationship (i.e. previous supervisor, co-worker) & years known
Name	Phone Number
Occupation	Relationship (i.e. previous supervisor, co-worker) & years known
Name	Phone Number
Occupation	Relationship (i.e. previous supervisor, co-worker) & years known

APPLICANT'S STATEMENT AND AGREEMENT
<p>Please read carefully before signing</p>
<p>As an applicant for employment with Paradigm Management Services, LLC (the "Company"), I understand and agree to the following:</p> <p>The Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.</p> <p>This application will remain on active file for 60 days. If I am hired by the Company within this period, this form will be transferred to my individual personnel file.</p> <p>If I am not hired by the Company within 60 days, this application is no longer active and I will need to re-apply for employment if I wish to be considered for a job with the Company.</p> <p>I certify that all information given on this application and accompanying documents provided by me to the Company are true and correct. Any misrepresentation or falsification of information or material omission will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment with the Company, whenever it is discovered.</p> <p>I give the Company the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.</p> <p>If my application for employment is accepted, the effective date of my employment with the Company shall be the time I actually begin to work. If I am employed, by the Company, I agree to comply with and be bound by the safety and health rules and regulations, and the rules of conduct of the Company together with the obligations set forth in the Company's Proprietary Rights Agreement/Employment Agreement.</p> <p>If employed by the Company, I also agree to the following:</p> <ul style="list-style-type: none"> • Providing proof of meeting the employability requirements of the Federal Immigration and Naturalization Service. • Signing a Proprietary Rights Agreement/Employment Agreement with the Company. • Abiding by all rules, regulations and performance standards of the Company. • A background check if applicable • Maintaining required individual licensure, certification and insurance required to perform duties if applicable. <p>If employed by the Company, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.</p> <p>I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.</p> <p style="text-align: right;">Signed: _____</p> <p style="text-align: right;">Date: _____</p>