

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
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		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												

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"/>			

Other Information
Please add any additional information in the text area below

Please briefly explain to us what motivated you to apply to Excelsus Solutions.

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this, "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol or drugs, requested by the company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the company during my employment if I am offered and accept a job. I understand that such an examination is needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental conditions bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the company is grounds for rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the company and is exclusively the company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do necessary work and costs for such examinations will be borne by the company.

I acknowledge I have read, understand and will abide by the above.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, or veteran status, or any other legally protected status.

Signature

Date