

APPLICATION FOR EMPLOYMENT  
**Custom Response Teleservices, Inc.**  
An Equal Opportunity Employer

Instructions: Please print all information and complete every party of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Positions applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Today's date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Are you available:  Full-time  Part-time  Temporary. Please describe any work schedule limitations: \_\_\_\_\_

Have you been employed by us before?  No  Yes (If yes, state date and jobs): \_\_\_\_\_

Do you have relatives employed by us?  No  Yes, the following relatives: \_\_\_\_\_

Are you 16 years of age or older?  No  Yes

Have you ever been convicted of a felony  No  Yes, describe: \_\_\_\_\_

Any crime relating to theft or dishonesty, or involving acts of violence?

No  Yes, describe: \_\_\_\_\_

Note: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for. If an applicant omits or misrepresents any convictions the applicant can have their offer of employment or employment terminated immediately.

Are you a citizen of the United States, or specifically authorized to be employed in the United States?  Yes  No

Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

### PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (you may omit dates for jobs held more than five years ago). May we contact your current employer?  Yes  No

1. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## EDUCATION AND TRAINING

Name and location of high school \_\_\_\_\_

\_\_\_\_\_ Graduated?  Yes  No

Please list technical or trade school, college, and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subjects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

\_\_\_\_\_  
\_\_\_\_\_

Describe any other special skills or qualifications which may help you in the position applied for:

\_\_\_\_\_  
\_\_\_\_\_

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

\_\_\_\_\_  
\_\_\_\_\_

List any relevant professional or business organizations to which you belong (Optional):

\_\_\_\_\_  
\_\_\_\_\_

## VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Honorable Discharge?  Yes  No

Note: A less than honorable discharge will not automatically disqualify you from employment.

## REFERENCES

Please list three personal references, other than prior employers or relatives, whom we can contact.

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long known? \_\_\_\_\_ Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long known? \_\_\_\_\_ Occupation \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long known? \_\_\_\_\_ Occupation \_\_\_\_\_

## Custom Response Teleservices

\_\_\_\_\_  
Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Custom Response Teleservices to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Custom Response Teleservices with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I give permission to all current or previous employers and/or managers to discuss my personal and employment history with Custom Response Teleservices, consent to the release of such information, and release them from all liability and all claims based upon any statements or information they provide.

**I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Custom Response Teleservices has the authority to make oral contracts of employment. If hired, my employment relationship with Custom Response Teleservices is terminable at-will, with or without cause, by either myself or Custom Response Teleservices.**

I also understand that any offer of employment may be conditional upon my passing a pre-employment physical examination and drug/alcohol test administered by a health care professional selected by Custom Response Teleservices, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date