

Job Application Checklist

Before you submit your application, make sure you have completed all of the application items using the checklist below.

<input type="checkbox"/>	Job Application Completed
<input type="checkbox"/>	Reference Authorization Form Completed
<input type="checkbox"/>	2 Letters of Recommendation Attached
<input type="checkbox"/>	Resume Attached
<input type="checkbox"/>	Acknowledgement Forms Signed and Notarized if Applicable



Application for Employment

DATE _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Are you currently employed? Yes / No Do you currently have reliable transportation? Yes / No

Date You Can Start _____ Position Applying for _____

EDUCATION

Did you graduate High School? Yes / No Name of High School _____

College _____ Degree _____

Other _____

EMPLOYMENT

#1 Company Name _____ Telephone _____ Position _____

From _____ To _____ Supervisor _____ Reason for Leaving _____

#2 Company Name _____ Telephone _____ Position _____

From _____ To _____ Supervisor _____ Reason for Leaving _____

#3 Company Name _____ Telephone _____ Position _____

From _____ To _____ Supervisor _____ Reason for Leaving _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant Signature

We are an equal opportunity employer. We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Hiring is contingent to references and Level II background screening successfully passed.

Reference Authorization Form

To Whom It May Concern:

I hereby authorize any representative of **BE STRONG INTERNATIONAL, Inc.** bearing this Authorization to obtain information from my current and previous employers, or other sources including a licensing agency, if applicable, pertaining to my employment history. This authorization includes, but is not limited to, attendance records, disciplinary actions, licensing agency actions, length of employment and performance evaluations. **This form does not authorize BE STRONG to check my credit or criminal history.**

I hereby authorize you to release such information upon request by **BE STRONG**. This Authorization is executed with the full knowledge and understanding that the information is for official use.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below:

Full Name (Typed or Printed): _____

Home Address: _____ Telephone No: _____

Signature: _____ Date: _____

PROFESSIONAL REFERENCES TO BE CONTACTED

(1) Name and position of current supervisor: _____

Company Name: _____

Address: _____ Telephone No: _____

(2) Name and position of reference: _____

Company Name: _____

Address: _____ Telephone No: _____