

Application For Employment

We appreciate very much your interest in Legacy Consulting Services and assure you that we are sincerely interested in your qualifications. Legacy Consulting Services does not discriminate in hiring or employment on the basis of race, color, religion, creed, sex, national origin, age, handicap, status as a disabled or Vietnam era veteran, or because of citizenship status in the case of a citizen or intended citizen. No question on this application is intended to secure information to be used for such discrimination.

PLEASE PRINT

Position(s) Applied for:	Date of Application:
How Did You Learn About Us-Please Circle or F	ill in the Appropriate Blank
Recruiting Agency	Friend
Internet	Employee
Other:	

Last Name	First Name	e	Middle Name
Address	City	State	Zip Code
Telephone Number			Social Security Number
()			

EDUCATION

School	Name and Location	Course of Study	Years	Diploma/
			Completed	Degree
High School				
Undergraduate				
College				
Graduate/				
Professional				
Other				
(Specify)				
			•	

Describe any job-related training received.

EMPLOYMENT HISTORY

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

•	Dates Emplo	ved	
Employer		To	Work Performed
Address	Hourly Rate/Sa	alary	
Telephone Number			
Job Title	May We Cont	act?	Supervisor
Reason for Leaving			
	Dates Emplo	yed	
Employer	From	То	Work Performed
Address	Hourly Rate/S	alany	
Audiess		alaly	
Telephone Number			
Job Title	May We Cont	act?	Supervisor
Reason for Leaving			
	Dates Emplo	-	
Employer	From	То	Work Performed
Address	Hourly Rate/Sa	alarv	
Telephone Number			
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Employer	From	То	Work Performed
Address	Hourly Rate/S	alarv	
Telephone Number			
lah Titla	May Wa Cast	a at 2	Supervisor
Job Title	May We Cont	act	Supervisor
Reason for Leaving	I	I	
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COMMENTS: Include explanation of any gaps in employment.

What technical skills do you possess for the job for which you are applying?

List professional, business, or civic activities (Exclude organizations which reveal race, color, religion, sex, national origin, age, veteran status, disability, or other protected status):

GENERAL QUESTIONS

Have you ever been dismissed or been forced to resign from any position?			
If Yes, please explain:			
Have you ever worked or attended school under another name?			
If Yes, please provide the name:			
Have you ever been employed by Legacy Consulting Services?			
If Yes, when?			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration			
Status? Proof of citizenship or immigration status will be required upon employment.			
Date available to work Desired Salary Range			

PERSONAL/PROFESSIONAL REFERENCES Do not include family members.

Name	Phone Number	Occupation

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as a condition of employment I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Legacy Consulting Services unless made in writing and signed by the President of the Company. If an employment relationship is established, it shall be at-will and for an indefinite term, and I understand that I have the right to terminate my employment at any time without notice or cause and that Legacy Consulting Services retains the same right.

I have read, understand and by my signature agree to the above statements.

Signature of Applicant

Date