CheckMate

MANAGEMENT, INC.

P.O. Box 4364 Saratoga Springs, NY 12866 (518) 584-3565

APPLICATION FOR EMPLOYMENT

Name:		Social S	ecurity #*	*			
(Last)	(First)	(M.I.)					
Address:							
(Street)		(City)	(State)	(Zip)			
Phone #: ()	Are you over 18	Are you over 18 years of age? () Yes () No <u>If no, hire must present valid working papers</u>					
Emergency contact	·	Relationship					
Position		Pay Rat	e: \$Date	of Hire / /			

<u>PLEASE NOTE: All employees must present valid forms of identification as required by the U.S. Department of Homeland Security(Immigration & Naturalization Service) and complete the enclosed I-9 Employment Eligibility Verification. Valid forms of I.D. are listed on the page attached to the I-9 form and include either one document from list A or one document each from list B and C. Payroll checks cannot be issued without this information.</u>

PREVIOUS EMPLOYMENT: (Please complete, starting with your most recent employer)					
Employer: Name: Contact Person: Position:					Address Phone#: ()
Employed From	_//	To	/	/	Reason for Leaving
Employer: Name: Contact Person: Position: Employed From	//	To	/	/	Address Phone#: () Salary: \$ Reason for Leaving
APPLICANT: RE THIS INFORMAT KNOWLEDGE I	ION PRO	VIDED	BY ME I	N THIS AM EN	S APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY MPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS

KNOWLEDGE I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS CAUSE FOR POSSIBLE DISMISSAL. I ALSO UNDERSTAND THAT A ROUTINE INQUIRY MAY BE MADE DURING OUR INITIAL OR SUBSEQUENT EMPLOYMENT PROCESS WHICH MAY PROVIDE INFORMATION CONCERNING CHARACTER, JOB HISTORY, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CREDIT RECORD, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE INQUIRY, IF ONE IS MADE, WILL BE PROVIDED.

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(Applicant's Signature)_____

(Date)_____