

MILITARY HISTORY

Branch of Service _____ From _____ To _____
 Service Number _____ Rank at Discharge _____
 Special Training Received _____

REFERENCES

Please list three persons who are not related to you and have a definite knowledge of your work. Do not repeat names of supervisors listed in your work history.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have any relatives currently employed by Marketing Strategies? Yes No
 If yes, who, in what position, and in what department are they employed? What is the relationship?
 Employee _____ Department _____ Relationship _____

How did you learn about our current job opening(s)?

Newspaper Ad Name of Newspaper _____

Marketing Strategies' Employee Name of Employee _____

Personal Interest (Called or came by office)

Marketing Strategies' Website

Other _____

CERTIFICATE OF APPLICANT: I hereby declare the information provided by me in this Application for Employment is true, correct and complete. I understand that if employed, any false statement, misstatement, or omission of fact may result in my being disqualified or my being discharged. Marketing Strategies is hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agents or bureaus of its choice.

I further understand and acknowledge that if employed, I will be an employee "at will," meaning that I will have the right to terminate my employment at any time, with or without notice, and with or without cause, and that Marketing Strategies, Inc. will have the same right.

Applicant's Signature _____ Date _____



Marketing Strategies
Turning Sound Strategy Into Dynamic Marketing

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 MarketingStrategiesInc.com

APPLICATION FOR EMPLOYMENT

NAME _____
Last First Middle

ADDRESS _____
Number Street City State Zip Code

PHONE () _____ () _____
Home Business Social Security Number

ARE YOU 18 OR OVER? Yes No Are you eligible to work in the U.S.? Yes No
 (Proof of eligibility will be required upon employment)

Are you currently employed? Yes No

May we contact your present employer? Yes No

It is the policy of Marketing Strategies, Inc. to provide employment opportunities without regard to race, color, religion, gender, national origin, age, or sexual orientation. It is also Marketing Strategies' policy to comply with all applicable laws and regulations protecting the employment and rights of veterans and handicapped persons.

POSITION APPLIED FOR _____

Earliest date you could begin work _____
Month Day Year

Is there a minimum salary you would accept? Yes No
 If yes, \$ _____ per _____.

Check the type of work that you would accept: Temporary Full-time Part Time

Have you ever been employed by Marketing Strategies before? Yes No
 If yes, Position _____ Department _____ Dates _____

SKILLS:
 Bookkeeping Experience: Yes No
 Check any office machines you can operate: Computer Multi-line Phone System Typewriter

Software Programs with which you are proficient:

NAME
 Last:
 First:
 Middle:

EDUCATION/TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? Yes No

Name and Location of School	From/To (Mo/Yr)	Graduated	Degree/Major
High School			
Tech/Trade			
College			

List any special courses or training you have had: _____

Are you certified or trained in a specific skill such as CPR? Yes No

Other certification or specialized training: _____

Do you have a valid driver's license? Yes No

If yes, License Number _____ State _____ Expires _____

Have you ever been convicted (including convictions now on appeal) by any law enforcement authorities for any violation of any law, regulation or ordinance? Include any court-martials while in the military. Do not include any conviction occurring before your 16th birthday or traffic violations for which the only penalty was a fine of \$50 or less. YES NO

IF YOUR ANSWER IS YES, EXPLAIN BELOW.

OFFENSE	DATE	TOWN, CITY, STATE	FINAL ACTION

Have you ever been bonded? Yes No

EMPLOYMENT DATA

Please list your work history starting with your most recent position. Include service in the U.S. Armed Forces. List any self-employment. Under "Specific Duties," describe the kind of work that you did and number and type of employees supervised. Account for periods of unemployment.

Employer _____	Employed From _____	To _____
_____	Address _____	City _____ State _____ Zip Code _____
Position Title _____	Supervisor's Name _____	
Specific Duties _____		

<input type="checkbox"/> Salary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Phone () _____		
Reason for Leaving _____		
<hr/>		
Employer _____	Employed From _____	To _____
_____	Address _____	City _____ State _____ Zip Code _____
Position Title _____	Supervisor's Name _____	
Specific Duties _____		

<input type="checkbox"/> Salary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Phone () _____		
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Employer _____	Employed From _____	To _____
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<input type="checkbox"/> Salary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Phone () _____		
Reason for Leaving _____		

ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION YOU WISH TO PROVIDE