
Section C**Education, Training and Experience****Did you graduate?**

High School Name

Yes

No

Address

City State Zip Code -

Grade level achieved

Name of College or University

Yes

No

Address

City State Zip Code -

Grade level achieved

Trade School Name

Yes

No

Address

City State Zip Code -

Grade level achieved

Miscellaneous

Yes

No

Address

City State Zip Code -

Grade level achieved

Section C continued on next page

Have you obtained any special skills or abilities as the result of service in the military? Yes No
 If yes, please list all special skills below:

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at **COMPLETE PRACTICE SOLUTIONS**? Yes No
 If so, please explain:

Section D

Employment History

List below all present and past employment *starting with your most recent employer*. Account for all periods of employment and unemployment for at least the last five years. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. (____) _____ - _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: Start _____ End _____ Weekly Pay/ Hr: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

If yes, please supply your supervisor's contact information. _____
 Telephone No. (____) _____ - _____

Section D continued on next page

Name of Employer _____ Telephone No. (____) _____ - _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____ Start _____ End _____ Weekly Pay/ Hr: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

If yes, please supply your supervisor's contact information. (____) _____ - _____
Telephone No.

Name of Employer _____ Telephone No. (____) _____ - _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____ Start _____ End _____ Weekly Pay/ Hr: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

If yes, please supply your supervisor's contact information. (____) _____ - _____
Telephone No.

Section E

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

If considered for employment would you be willing to submit to a computer-based skills test? Yes No

Please Read Carefully, Sign or initial Each Paragraph and Sign Below

I _____ hereby understand that I may submit a copy of my resumé and that by submitting a resumé I understand that it will be used only as supporting and additional background information. A resumé is not an authorized substitute for a completed employment application.

I _____ hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I _____ hereby authorize to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I _____ hereby understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

I _____ hereby acknowledge should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. I waive receipt of a copy of any public record described in the paragraph above.

Complete Practice Solutions provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Complete Practice Solutions complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Complete Practice Solutions expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Complete Practice Solutions' employees to perform their job duties may result in discipline up to and including discharge.

Signature: By signing this Statement, I assure Employer that all verbal and written statements provided are true and accurate, and I agree to the conditions set forth in this Applicant's Statement.

Applicant's Signature

Date