

EMPLOYMENT HISTORY:

Name of company _____

Address _____

Telephone number _____ Fax number _____

Base salary _____ Dates employed – From _____ to _____

Reason for leaving _____

May we contact – Yes _____ No _____

Name of company _____

Address _____

Telephone number _____ Fax number _____

Base salary _____ Dates employed – From _____ to _____

Reason for leaving _____

May we contact – Yes _____ No _____

Name of company _____

Address _____

Telephone number _____ Fax number _____

Base salary _____ Dates employed – From _____ to _____

Reason for leaving _____

May we contact – Yes _____ No _____

EDUCATIONAL HISTORY:

High School

Name of school _____

Address _____

Major courses or subjects _____

Dates attended – From _____ to _____. Did you graduate? _____

Community/Trade/College

Name of school _____

Address _____

Major courses or subjects _____

Dates attended – From _____ to _____. Did you graduate? _____

Degree _____

Name of school _____

Address _____

Major courses or subjects _____

Dates attended – From _____ to _____. Did you graduate? _____

Degree _____

Name of school _____

Address _____

Major courses or subjects _____

Dates attended – From _____ to _____. Did you graduate? _____

Degree _____

REFERENCES (Two of these must be employment references, one personal)

Name _____

Title/relationship _____

Mailing address _____

Telephone (including area code) _____

Occupation _____

Name _____

Title/relationship _____

Mailing address _____

Telephone (including area code) _____

Occupation _____

Name _____

Title/relationship _____

Mailing address _____

Telephone (including area code) _____

Occupation _____

AVAILABILITY TO WORK: Earliest date possible _____

SALARY REQUIRED/EXPECTED: _____

BACKGROUND INVESTIGATION

B.E.A.R.S. will complete a criminal background, sex offender and driver's license inquiry. Please list any offenses other than minor traffic violations. Result of the inquiry may affect your employment or contract.

PHYSICAL EXAM

If offered a position, you may be required to pass a physical examination and submit a copy of TB skin testing, at your own expense.

Statement of Understanding

I hereby certify that the answers and other information on this application are true and correct. I understand that any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed.

I understand that my employment may be contingent upon receipt of information concerning my qualifications and experience and, that my continued employment depends upon the will of B.E.A.R.S. and myself.

Signature

Date

Confidentiality Form

I understand that any information and/or activities with which I am involved in relation to my duties with Behavior Education and Resource Specialists, Inc. are strictly confidential and may not be discussed outside the parameters of B.E.A.R.S.

I am aware that any breach by me of this agreement will terminate my contract as a service provider with B.E.A.R.S. and that I may face prosecution according to the Law.

I further release B.E.A.R.S. from any responsibility in the event of any breach of this agreement.

Signature

Date

Witness Signature

Date

NOTIFICATION AND RELEASE

Sales Representative _____

Company Name _____

Access ID _____ BeeCheck ID _____ CAC Code _____

The information contained in my application for employment with (company name) _____ (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact _____ Email _____

Phone _____ Fax _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes

Fax to (910) 815-3881 or call (910) 815-3880