



EMMANUEL SHEPPARD & CONDON

ATTORNEYS AT LAW SINCE 1913

Application for Employment

Date: _____

Please fill in all spaces. If an item does not apply, write "none". This application will be considered current for 30 days from this date. After that time the application must be renewed to be considered. Please print clearly in ink. You must complete your own application.

Name _____ Social Security No. _____
Last First Middle

Address _____
Number and Street Apt. City State Zip Code Telephone

How were you referred for employment? _____

Have you ever worked for Emmanuel, Sheppard & Condon? Yes No If so, when? _____

Have you applied for work with Emmanuel, Sheppard & Condon before? Yes No If so, when? _____

Position applying for: _____

Wage or salary desired \$ _____ Date available for work: _____

Type of employment desired: Full time Part time Will you work overtime evenings weekends?

If part-time, please state the number of hours and what days you wish to work. _____

Is there any time of the day or any day of the week you are unable to work? Yes No If yes, please specify: _____

Are you presently employed? Yes No Why do you wish to change jobs? _____

Do you have the legal right to work in the United States? Yes No (If hired, proof of status will be required.)

Are you over 18 years of age? Yes No

Date of Birth: _____

EDUCATION	Name and Address of School	Course of Study	Circle Last Year Completed	Graduated?	Degree Awarded
High School	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____
College	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____
Other	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____
	_____	_____	1 2 3 4	Yes No	_____

Were you in the U.S. Armed Forces? Yes No If so, what Branch? _____

Rank at discharge: _____ List duties in the service including special training: _____

EMPLOYMENT HISTORY: Please list all positions for the past 10 years, giving present or last position first. Employment history continued on Page 4 if necessary.

1.	Dates Worked:	From:	To:	Job Title
Employer's Name			Supervisor's Name	
Employer's Address			Supervisor's Title	Supervisor's Telephone No. ()
City	State	Zip	Reason for Leaving	
Job Duties				
2.	Dates Worked:	From:	To:	Job Title
Employer's Name			Supervisor's Name	
Employer's Address			Supervisor's Title	Supervisor's Telephone No. ()
City	State	Zip	Reason for Leaving	
Job Duties				
3.	Dates Worked:	From:	To:	Job Title
Employer's Name			Supervisor's Name	
Employer's Address			Supervisor's Title	Supervisor's Telephone No. ()
City	State	Zip	Reason for Leaving	
Job Duties				
4.	Dates Worked:	From:	To:	Job Title
Employer's Name			Supervisor's Name	
Employer's Address			Supervisor's Title	Supervisor's Telephone No. ()
City	State	Zip	Reason for Leaving	
Job Duties				
5.	Dates Worked:	From:	To:	Job Title
Employer's Name			Supervisor's Name	
Employer's Address			Supervisor's Title	Supervisor's Telephone No. ()
City	State	Zip	Reason for Leaving	
Job Duties				

May we contact the employers listed above? Yes No If No, indicate by number which one(s) we may **NOT** contact and state why: _____

Please account for all periods of unemployment longer than three (3) months: _____

List any additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest: _____

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? Yes No If Yes, please explain: _____

PROFESSIONAL REFERENCES: Please list three former supervisors who may be contacted about your work.

1. Name	How long known?	Occupation	Telephone ()
Complete Address			
2. Name	How long known?	Occupation	Telephone ()
Complete Address			
3. Name	How long known?	Occupation	Telephone ()
Complete Address			

PLEASE LIST ANY RELATIVES EMPLOYED BY THIS COMPANY:

1. Name	Relationship	2. Name	Relationship
---------	--------------	---------	--------------

IMPORTANT: READ CAREFULLY

I hereby authorize Emmanuel, Sheppard & Condon to conduct a personnel investigation as to my qualifications, experience, background, etc., and in so doing to contact any person, law enforcement agency or firm it desires. I authorize release of any information regarding any criminal convictions that may exist against me. I authorize my former employers(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Emmanuel, Sheppard & Condon. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will with or without notice or cause.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal.

DATE

SIGNATURE

Emmanuel, Sheppard & Condon is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age, disability, religion, national origin or military veteran status.

EMPLOYMENT HISTORY (Continued):

6.	Dates Worked: From: To:		Job Title
Employer's Name		Supervisor's Name	
Employer's Address Street		Supervisor's Title	Supervisor's Telephone No. ()
City State Zip		Reason for Leaving	
Job Duties			
7.	Dates Worked: From: To:		Job Title
Employer's Name		Supervisor's Name	
Employer's Address Street		Supervisor's Title	Supervisor's Telephone No. ()
City State Zip		Reason for Leaving	
Job Duties			
8.	Dates Worked: From: To:		Job Title
Employer's Name		Supervisor's Name	
Employer's Address Street		Supervisor's Title	Supervisor's Telephone No. ()
City State Zip		Reason for Leaving	
Job Duties			
9.	Dates Worked: From: To:		Job Title
Employer's Name		Supervisor's Name	
Employer's Address Street		Supervisor's Title	Supervisor's Telephone No. ()
City State Zip		Reason for Leaving	
Job Duties			
10.	Dates Worked: From: To:		Job Title
Employer's Name		Supervisor's Name	
Employer's Address Street		Supervisor's Title	Supervisor's Telephone No. ()
City State Zip		Reason for Leaving	
Job Duties			