



310 south mill avenue, suite A101, tempe arizona 85281 usa

PERSONAL INFORMATION

TO BE CONSIDERED FOR EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, EVEN IF ATTACHING A RESUME

Position Applying for:		Application Date:	
Last Name:	First Name:	Middle:	
Present Address:		City/State:	Zip:
Contact Phone #:	Social Security #:	E-Mail Address:	

Do you have the legal right to be employed in the US? **Yes No**

If hired, you will be required to submit proof of identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.

How many minutes does it take you to get to Ncounter from your home? _____

Do you have reliable transportation? **Yes No**

What hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Do you now have or within the last six months have you had any contagious diseases or gastro-intestinal infections, or have you had hepatitis or salmonella? **Yes No**

If YES, explain in detail: _____

Have you ever been convicted of anything other than minor traffic violations? **Yes No**

If YES, please explain: _____

(Note: A conviction will not necessarily bar you from employment, each conviction will be judged on its own merits with respect to time, position, circumstance and seriousness.)

What unique qualities do you feel you have that would add to Ncounter?

EDUCATION/TRAINING HISTORY

List High School, Colleges, Military, Trade, Business or Other Schools Attended

Name of School	Course of Study (List Major)	Graduated		Type of Degree/Certificate
		Year	Yes/No	
High School:				
College:				
Other:				

EMPLOYMENT VERIFICATION

LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES

1.	Current/Last Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From: To:	Salary:	Reason for Leaving:
2.	Prior Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From: To:	Salary:	Reason for Leaving:
3.	Prior Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From: To:	Salary:	Reason for Leaving:

CONDITIONS OF EMPLOYMENT

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform & Control Act of 1986).

Ncounter is a Smoke-Free work environment. Smoking (including smokeless tobacco) is not permitted on Agency owned and operated premises. Ncounter is a drug free work place.

I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Ncounter and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship.

I understand that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize Ncounter and/or affiliates to investigate the truthfulness of all statements made in this application, contact my former employers or other persons, who can verify information concerning this application, and I release and indemnify each person and organization from liability for providing information to Ncounter.

SIGNATURE OF APPLICANT (Unsigned Applications are not Valid) **DATE**