

## Application for Employment

We are an equal opportunity employer. We are dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, or disability.

## PLEASE PRINT CLEARLY

Date of Application: \_\_\_\_\_

EMPLOYMENT					
Position Applied For:					
Salary Amount Expected		Date You Can Start			
Type of Employment Desired: 🗌 Full-Time 🔲 Summer 🔲 Part-Time 🔲 Temporary					
	If so, may we contact your present employer?				
F	PERSONAL				
Last Name	First Name			Middle Name	
Street Address					
City			State	Zipcode	
Phone Number		Email			
Driver's License Number		State Issued	Expira	Expiration Date	
Are you prevented from being employed in this country because of VISA or immigration status?					
Have you ever been convicted, or pled guilty or no contest to a felony offense? IMPORTANT: For purposes of employment with Proficient Benefit Solutions, "convictions" include any of the following: sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. Yes No					
If yes, please explain:					

EDUCATION				
High School Attended:				
Location:				
Number of Years Completed:	Did you graduate? 🗌 Yes 🗌 No			
College or University Attended:				
Location:				
Number of Years Completed:	Did you graduate? 🗌 Yes 🗌 No			
Degree				
Trade, Business or Correspondence School Attended:				
Location:				
Number of Years Completed:	Did you graduate? 🗌 Yes 🗌 No			
Degree				
Special Course or Training:				
Experience/skills related to the position for which you applying:				
<b>EMPLOYMENT HISTORY</b> List present or most recent positions first.				
Name of Employer:				
Address:				
Telephone Number:	Type of Business:			
Department:	Your Position:			
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:			
Starting Salary	Ending Salary:			
Reason for Leaving:				

EMPLOYMENT HISTORY			
Name of Employer:			
Address:			
Telephone Number:	Type of Business:		
Department:	Your Position:		
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed:	Date Left:		
Starting Salary	Ending Salary:		
Reason for Leaving:			
Name of Employer:			
Address:			
Telephone Number:	Type of Business:		
Department:	Your Position:		
Duties:			
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Address:				
Telephone Number:	Type of Business:			
Department:	Your Position:			
Duties:				
Name and Position of Immediate Supervisor:				
Date Employed:	Date Left:			
Starting Salary	Ending Salary:			
Reason For Leaving:				

REFERENCES				
List the name, address, telephone number and relationship of				
three references who are not related to you.				
Name:				
Address:				
Telephone Number:	Relationship:			
Name:				
Address:				
Telephone Number:	Relationship:			
Name:				
Address:				
Telephone Number:	Relationship:			
OTHER INFORMATION				
Please state any additional information you feel may	be helpful to us in considering your application.			

## **CERTIFICATION/SIGNATURE**

A copy of this certification and signature will be as valid as the original.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements checked by Proficient Benefit Solutions unless indicated to the contrary. I authorize the references and current and prior employers to provide Proficient Benefit Solutions any and all information concerning my employment and any pertinent information they may have. Further, I release all parties and persons from any and all liability for damages that may result from furnishing such information to Proficient Benefit Solutions or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of Proficient Benefit Solutions. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time by my option or at the option of Proficient Benefit Solutions. I understand that no employee or representative of Proficient Benefit Solutions other than the owners of Proficient Benefit Solutions has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States of America.

I authorize Proficient Benefit Solutions to administer typing and pre-employment tests to me, should they decide to, and to take the results of those tests into consideration in the review of possible employment.

I agree to immediately notify Proficient Benefit Solutions if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breech of trust, while my application is pending or during my period of employment, if hired.

**BACKGROUND CHECK ACKNOWLEDGEMENT:** I agree to truthfully and accurately complete a Request for Background Check form. I agree to allow Proficient Benefit Solutions to submit a background check on me. I understand that should adverse information appear on the background check, Proficient Benefit Solutions will share that adverse information with me. I also understand that Proficient Benefit Solutions does not hire any person who can not provide a completely clear background check.

Signature

Date