



APPLICATION FOR EMPLOYMENT

Brooks & Brooks Services comply with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact the Director of Operations in order to arrange such accommodation.

We are an equal opportunity employer and make all employment decisions, including those related to recruitment, hiring, training, promotion, and recognition of individuals on the basis of their ability and job related qualifications and without regard to race, religion, color, sex, national origin, age, disability, or any other classification proscribed under applicable federal, state or local law. Please completely fill out this application. Failure to complete all sections may disqualify you from consideration for employment.

Date of Application:	Salary Desired:
Position Location Desired	Social Security Number & DOB:

Full Name (FIRST, MIDDLE, LAST) PRINT CLEARLY:		
Street Address:		
City:	State:	Zip:
Home Phone: Mobile Phone: E-mail Address:	How Did You Hear About Us?	
Date Available to Begin:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON-CALL <input type="checkbox"/>	

If Part Time specify available days / hours :	
If On Call specify available days / hours:	
If required, would you be willing to work: Evenings / Night Shift: Yes <input type="checkbox"/> No <input type="checkbox"/>	If needed, would you be willing to work: Overtime: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by BROOKS & BROOKS SERVICES, INC. before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any relatives or friends that work or have ever worked for Brooks & Brooks Services, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If a job is offered, will you be able to provide verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you <u>EVER</u> been Held for questioning, Arrested, Detained, Charged or Convicted of ANY CRIME including as a Juvenile? This includes any immigration issues. Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes, please describe briefly) <u>Failure</u> to disclose information from the date of this application and employment is offered, it will terminate.</i>	
Have you <u>EVER</u> been terminated from any job? This includes any contracts that have ended. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Do you speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please explain HOW MUCH English do you speak?	

Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you eligible to receive any and all licenses/permits required by law to perform the position(s) for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION AND TRAINING

Revised 3/24/08 by DM

List any educational degrees, programs or courses that you have taken which would be helpful for the performance of your job. Include present enrollments. Please note that we verify educational background.

Name of School (City & State)	Course of Study	Number of Years Attended	Degrees or Certification

WORK HISTORY

Please provide information concerning your work history by filling this section out completely. **Please list present or most recent job first.** Military experience may be included if you obtained skills which would be helpful in the job for which you are applying. You may attach a resume in addition to completing the following but you still must fill out the following. Please provide explanation for any gaps in time in employment history.

Dates of Employment	Company Name (<i>Nombre de la Compañía</i>)	Starting Salary _____ Ending Salary _____ <small>(Salario al comenzar) (Salario al terminar)</small>
From:	Company Street Address (<i>Dirección de calle de la Compañía</i>)	Position Held (<i>Posición que tuvo</i>)
_____ Month/Day/Year	Company City, State, Zip Code (<i>Ciudad, Estado, Código Postal de la Compañía</i>)	Duties (<i>Deberes</i>)
To:	Company Phone # (<i># de tel. de la Compañía</i>) Supervisor's Name (<i>Nombre del Supervisor</i>)	
_____ Month/Day/Year	Reason for Leaving (<i>Razón porque dejo de trabajar</i>)	Was this Full Time _____ Part Time _____ On Call _____ May we contact this Employer? (<i>Podemos Comunicarnos con este empleador?</i>) Yes _____ No _____
Dates of Employment	Company Name (<i>Nombre de la Compañía</i>)	Starting Salary _____ Ending Salary _____ <small>(Salario al comenzar) (Salario al terminar)</small>
From:	Company Street Address (<i>Dirección de calle de la Compañía</i>)	Position Held (<i>Posición que tuvo</i>)
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(If more space is needed for work history, request an additional work history page) Si necesita mas espacio para el historial de trabajo pida una hoja adicional.

Please use this space to discuss special skills, talents or attributes which you have acquired that may assist you in the performance of the job for which you are applying. _____

CERTIFICATION OF INFORMATION

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the employer to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, educational institutions, and personal references may provide information that they may have about me in response to inquiry from the employer. I understand that false information, omissions or misleading information or misrepresentations given in my application or during the interview process may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment. I understand that if employed, my employment will be at will and that I will not have a contract for employment nor a guarantee of employment. The Employer is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



I understand that nothing contained in this employment application is intended to create an employment contract between Brooks & Brooks Services Inc. and myself for either employment or the providing of any benefit. No promise regarding employment has been made to me. If an employment relationship is established, I understand that my employment will be at – will and that I or Brooks & Brooks Services, Inc. has the right to terminate my employment at any time for any reason.

I also understand that no representative of Brooks & Brooks Services Inc. 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 unless in writing and signed by the Human Resources Director.

I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I also understand that this employer would not process this application if I had no genuine interest in employment with this employer at the time the application is submitted. Therefore, I here represent and certify that I am genuinely and sincerely interested in employment with this employer and that my application is submitted in good faith and without false pretenses in furtherance of my sincere and genuine interest in employment with this employer.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would affect this application unfavorably.

I acknowledge that I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I have read and understand the foregoing statements.

Signature of the Applicant

Date

**DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR
INVESTIGATIVE CONSUMER REPORT**

Company Name: _____

In connection with your application and/or employment with above listed Company (hereinafter “the Company”) this notice is provided to inform you that a “consumer report” and/or “investigative consumer report,” as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers’ compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.’s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

Signature	Today’s Date
Full Legal Name (please print)	Other or Former Names (please print)
Address	City/State
County	Date of Birth**
Zip	SSN
Name on Driver’s License (if different from legal name)	Driver’s License #
Contact Phone Number	State issued
	E-mail address

****This information will be used for background screening purposes only and no other purpose.**