

DATE OF APPLICATION:		Social Security Number:	
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS		CITY/STATE/ZIP	
TELEPHONE NUMBER:		EMAIL ADDRESS:	
Are you a United States citizen or legally authorized to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you 21 years of age or over?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied with Brain Group before? If yes, please provide the date: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for Brain Group before? If yes, please provide the date: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any relatives or friends working for this Company? If yes, give name and work location: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been fired or asked to resign from a job? If yes, please explain: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Emergency Contact Information:				
NAME: _____		RELATIONSHIP: _____		
ADDRESS: _____				
HOME PHONE: _____		WORK PHONE: _____		
Position Applying For:		Referred by:		
Type of Employment Desired:		Salary Requirements:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
Are you willing to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often?				
Date available to begin work: _____				
EDUCATION				
	Name and Location of School	Major	Did you graduate? Year?	Diploma/Degree
High School				
College				
Vocational				
Other				
<p>Please list any academic honors, scholarships, offices held, etc. <i>(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities, or veteran status.)</i></p> <p>_____</p> <p>_____</p>				
<p>Please summarize special skills, training, qualifications, apprenticeships, or licenses.</p> <p>_____</p> <p>_____</p>				
<p>Please provide any other information that you feel will help us in considering your application for employment.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

Employment History: <i>Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Brain Group.</i>						
(A) Employer Name and Address:			From		To	
			Month	Year	Month	Year
Supervisor's Name:			Phone Number:			
Job Title:		Description of your Duties:				
Ending Salary:		Reason for Leaving:		Were you Fired? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(B) Employer Name and Address:			From		To	
			Month	Year	Month	Year
Supervisor's Name:			Phone Number:			
Job Title:		Description of your Duties:				
Ending Salary:		Reason for Leaving:		Were you Fired? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(C) Employer Name and Address:			From		To	
			Month	Year	Month	Year
Supervisor's Name:			Phone Number:			
Job Title:		Description of your Duties:				
Ending Salary:		Reason for Leaving:		Were you Fired? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(D) Employer Name and Address:			From		To	
			Month	Year	Month	Year
Supervisor's Name:			Phone Number:			
Job Title:		Description of your Duties:				
Ending Salary:		Reason for Leaving:		Were you Fired? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO						
May we contact your present employer for references? <input type="checkbox"/> YES <input type="checkbox"/> NO						

References: *Please list three people, who are not related to you, who can provide professional references.*

Name	Address	Phone Number	Relationship	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by S & B Ventures, LLC (hereinafter referred to as “Brain Group”) that such employment with Brain Group is at will, for no specified duration and may be terminated by either Brain Group or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Brain Group or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Brain Group except the President or CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President or CEO of Brain Group.

In consideration for employment with Brain Group, if employed, I agree to conform to the rules, regulations, policies and procedures of Brain Group at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Brain Group business, attendance and punctuality are considered essential requirements of every job at Brain Group and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Brain Group, I will be required to submit to a pre-employment drug screening, background check and a consumer report as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I acknowledge that Brain Group has disclosed to me, in separate written document consisting solely of the disclosure, that they may obtain a consumer report on me as part of their hiring process. I acknowledge that such disclosure was clear and conspicuous and made pursuant to the Fair Credit Reporting Act 15 U.S.C 1681.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Brain Group and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for one month. If I wish to be considered for employment after this period, I must fill out and submit a new application.

By signing below, I acknowledge that I have read, understood, and agree to the above statements.

SIGNATURE

DATE

Brain Group is an Equal Opportunity Employer.