



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

The Network, Inc and its affiliates (herein referred to as The Network) are committed to a policy of assuring each applicant equal employment opportunity and non-discrimination without regard to an individual's race, color, religion, sex, national origin, ancestry, disability, marital status, age, sexual orientation, domestic partner status, medical condition, or any other classification which is protected under applicable laws in all matters involving the terms and conditions of one's employment.

The employment relationship at The Network is at will, and employment can be terminated at any time, at the option of either The Network or the employee. Questions about these policies may be addressed to a Human Resources Employment Representative of The Network. Please answer all questions below completely and accurately. Incomplete applications will be rejected.

PERSONAL INFORMATION (Please Print or Type)

Name (Last, First, Middle)	Social Security No.	Current Date
Present Address (Street)	Day Phone	Evening Phone/Message
(City, State, Zip)	Other Names Used	Years at This Address

If you have lived at the above address for less than six months, list your previous address (include city, state and zip code)

If you are under 18 years of age, do you have a work permit?

Yes No

Are you eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)

Yes No Type of Visa

Have you ever applied or interviewed for employment at The Network? If Yes, When? At which office and/or for what position did you apply or interview?

Yes No

Have you ever been employed by The Network or any of its affiliates?

Yes No

If yes, give dates.

Department

Are you related to anyone at The Network?

Yes No

If yes, give name.

Relationship

Department

Referred By

Employee Newspaper Agency Other

Name of employee, newspaper or agency; explain other

Are you applying for a position involving driving? Yes No

If yes, do you have a valid driver's license? Yes No

If Yes, please list any traffic offenses or citations received in the last 36 months.

Have you ever been convicted of a criminal offense (whether a felony or misdemeanor)? This would include traffic violations that escalate to this point. (i.e. driving with a suspended license) Yes No

Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.

If you answered yes, indicate date(s) of conviction and the type(s) of offense(s):

Have you ever served in the Armed Forces if the U.S.? Yes No

Do you smoke or use tobacco products Yes No

"An Equal Opportunity Employer - M/F/D/V"

JOB REQUIREMENTS

Position you are applying for (Requisition Number and Position Title)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Intern <input type="checkbox"/> Occasional Worker						
	Indicate Times You are Available to Work						
	M	T	W	TH	F	SA	SU
Salary Expectations (Please Specify)	Available Employment date				Willing to Relocate		
Indicate Any Locations in the Area you will not work							

EMPLOYMENT HISTORY

Please list all employment beginning with your present or most recent employer. Include all periods of self-employment or unemployment, service work, summer and part-time jobs.

Current Employer	Type of Business	Telephone No.
Address (Street, City State Zip Code)		Employed: From _____ To _____
Salary: Beginning	Ending	Bonus/Incentive/Commission
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Supervisor
Title		
Responsibilities		
Reason for Leaving		

Were you involuntarily terminated from this position?		Do you authorize us to contact this employer at this time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Type of Business	Telephone No.	
Address (Street, City State Zip Code)		Employed: From _____ To _____	
Salary: Beginning	Ending	Title or Position	Supervisor
		<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> Temporary	
Description of work			
Responsibilities			
Reason for Leaving			

Were you involuntarily terminated from this position?		Do you authorize us to contact this employer at this time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Type of Business	Telephone No.	
Address (Street, City State Zip Code)		Employed: From _____ To _____	
Salary: Beginning	Ending	Title or Position	Supervisor
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Description of work			
Responsibilities			
Reason for Leaving			

Were you involuntarily terminated from this position?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

HIGH SCHOOL	High School Name	Did you graduate?	If No, highest grade completed:	
	Address (Street, City, State, Zip Code)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Course of study:	
COLLEGE	Name	Degree Earned	Dates:	
	Address (Street, City, State, Zip Code)		From:	To:
OTHER	Name	Degree Earned	Dates:	
	Address (Street, City, State, Zip Code)		From:	To:

Honors and Achievements

List any courses taken that may be applicable or beneficial to the position for which you are applying (i.e., banking/business related).

Use this space provided to list additional interests, extracurricular activities, skills, training, or qualifications that you possess that you feel qualify you for the position for which you are applying.

SKILLS INVENTORY

Please complete the following sections if applicable:

Functional Skills/Experience Identify the years of experience you possess in any of the following areas:

Functional Skills/Experience		Technical Skills/Experience	
SKILL	YEARS	SKILL	ESTIMATE
Accounting		Data Entry	K.S.P.M
Bookkeeping		Shorthand	W.P.M
CRT		Typing	W.P.M
Customer Service		Software (please list only those you have experience with through employment)	
◆ Direct		◆ Word Processing	
◆ Phone		◆ Spread Sheet	
Sales		◆ Graphics	
◆ Commission		◆ Programming Language	
◆ Incentive		◆ Operating Systems	
◆ Quota		◆ DBMS/RDBMS	
Secretarial		◆ Communications	
		-Voice	
		-Data	
		◆ Software Packages	

CONDITIONS OF EMPLOYMENT

Please read the following Conditions of Employment carefully. If you have any questions regarding these statements, please discuss them with a Human Resource Representative before signing.

The Network has specific policies regarding employee honesty, performance, conduct, and attendance. Additionally, The Network reserves the right to investigate any unethical or illegal activities including, but not limited to, misappropriation of funds, misuse of bank accounts, falsification of records, the use or possession of controlled substances while working or working under the influence of controlled substances, unexcused absences, and the like. According to our policies, involvement in such activities will result in disciplinary actions by The Network, Inc. which could include termination. In some cases The Network, Inc. will refer an employee’s conduct to the State or Federal authorities for prosecution.

Please read the following items carefully and initial (in the blank)

_____ I hereby authorize The Network, Inc. and it’s affiliates, its employees, agents and independent contractors (hereinafter referred to as “The Network, Inc.”) to conduct an investigation into my background for the purpose of evaluating my qualifications for employment. I agree that The Network, Inc. its employees, agents and independent contractors may request information from former employers, education institutions, business and professional organizations, credit bureaus, local, state, and federal law enforcement agencies, individuals with whom I have been associates and with any other who may have information regarding my competence, character or qualifications, and all other sources considered appropriate by The Network, Inc.

_____ I hereby release The Network, Inc. and its affiliates, its employees, and independent contractors from any liability for their action in investigating, considering, and evaluating my competency, character, and qualifications, and I further release from any liability all individuals and organizations who provide information concerning my competence, character, qualifications, and other applicable background information for employment consideration.

_____ I understand that nothing in this authorization is intended to create a promise of employment or any contractual rights. I further understand that any misrepresentation, falsification or withholding of information regarding my employment history, academic attainments, performance qualifications, or other background information may disqualify me from further consideration as a candidate for employment with The Network, Inc.

_____ As part of The Network’s effort to provide a safe and healthy work environment for employees, The Network, Inc. may test employment applicants for the presence of controlled substances. I understand that The Network, Inc. may require me to undergo a test for these substances by medical staff and/or agency selected by The Network, Inc. as a condition of my employment or continued employment. I further understand that my drug test must be negative to be considered for employment with The Network, Inc.

_____ If employed, I understand that I will be bound by The Network, Inc. Code of Conduct, Information Security Policy, Personnel Policies, and all practices which govern The Network, Inc. employees. I may obtain information on the foregoing from the Human Resources Department. I also understand that the employment relationship at The Network, Inc. is at will and employment can be terminated at any time, at the option of either The Network, Inc. or the employee.

_____ I understand that due to the nature of our business and the confidential information we receive, I will be required to provide my fingerprints as a condition of my employment.

_____ These statements and information I have provided herein are true. I have not falsified any information or withheld any information that, if enclosed, would adversely affect my application for, or employment with The Network, Inc. I understand that any such falsification or withholding, nor matter when it is discovered, is grounds for application to be rejected or my immediate discharge, if I am employed.

I have read, understand and agree to the conditions of employment listed above. In the event of my employment, I understand I will receive a copy of the conditions of my employment and will pledge to preserve confidence any information concerning the business of The Network, Inc. and its customers which comes to my knowledge through my position. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Network, Inc. and me for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon The Network, Inc. unless made in writing by an officer or designated Human Resources Representative of The Network, Inc. If an employment relationship is established, I understand that I have the right to terminate my employment and that The Network, Inc. has the right to terminate my employment.

X _____
APPLICANT SIGNATURE

DATE

PROFESSIONAL REFERENCES

Please list at least five (5) references below. References should be a variety of the following: Past or current supervisors (people to whom you've reported), past or current professors in school, or people you've worked on community service projects with.

1) Name: _____
Relationship: _____ Company: _____
Telephone Number: _____

Work Home Cellular Other _____

E-mail address: _____

Other Contact Info: _____

2) Name: _____
Relationship: _____ Company: _____
Telephone Number: _____

Work Home Cellular Other _____

E-mail address: _____

Other Contact Info: _____

3) Name: _____
Relationship: _____ Company: _____
Telephone Number: _____

Work Home Cellular Other _____

E-mail address: _____

Other Contact Info: _____

4) Name: _____
Relationship: _____ Company: _____
Telephone Number: _____

Work Home Cellular Other _____

E-mail address: _____

Other Contact Info: _____

5) Name: _____
Relationship: _____ Company: _____
Telephone Number: _____

Work Home Cellular Other _____

E-mail address: _____

Other Contact Info: _____

APPLICANT INFORMATION (Please Print)

The Network, Inc

Account Number: 101-600786

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

