

Application for Employment Fairbanks Billing Service

Fairbanks Billing Service is an equal opportunity employer and does not discriminate in terms of employment because of race, religion, color or national origin. Nor does it discriminate because of age, physical or mental disability, sex, marital status, change in marital status, pregnancy or parenthood. I agree that all statements made in this application may be investigated. Furthermore I understand and agree that employment with FBS would be at mutual consent of both FBS and employee, and either party may terminate that relationship at any time, for any reason, and with or without prior notice. Neither I nor FBS have agreed on any specific employment unless set forth in a separate contract. This application will be held for a period of 60 days from date of application.

PLEASE PRINT

Name: _____

Social Security Number: _____

Address: _____ Zip Code _____

Phone Number (home) _____ (work) _____

Position Applying For: _____ Date: _____

Date you can Start: _____ Desired Salary _____

Are you currently Employed? _____ If, so may we contact your employer? _____

Applying for: _____ Full Time _____ Part Time _____ Regular _____ Temporary

If you are under 18, can you furnish a work permit? _____

Are you legally eligible for employment in this country? _____

Have you ever been convicted of a felony? _____

(Conviction will not necessarily disqualify an applicant for employment)

Educational Background

	Location	Years Attended	Graduate	Study
High School			Yes/No	
College/University			Yes/No	
Trade/Business			Yes/No	

Special Certifications/Licenses acquired: _____

Please make any comments you feel are pertinent to your application: _____

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Dates Employed: From _____ To: _____ Last rate of Pay: _____
Reason for Leaving: _____
Summarize nature of work performed and job responsibilities: _____

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May we contact you're employers' listed above? ___ Yes ___ No - please explain _____

Please list three references who are not relatives or previous employers

Name	Telephone Number	Relationship

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I hereby release from liability the Employer and its representatives for seeking information as it relates to my employment and all other persons, corporations or organizations for furnishing such information.

Signature

Date