

## **Employment Application**

Full Name				Date:			
	Last	First		М.І.			
Address:							
	Street Address			Apartment/Unit #			
	City			State ZIP Code			
Date Available:				Email			
Home Phone: Cell Phone No.: _			Desired Salary: <u>\$</u>				
Position App	olied for:						
Are you legally eligible to work in the United States?		YES	NO □	Can you produce proof of work eligibility upon YES NO hire?			
Are you, or are you about to become, related to any member of the Synaptic Resources Staff?		YES	NO □	If yes, when?			
Have you ever been convicted of a felony?			NO □				
If yes, pleas	e explain:						

\*\*Please attach a copy of your resume to this application for review, and note any differences from the information listed on your resume in the sections below. \*\*

High Scho	ool:	Address:				 
From:	То:	Did you graduate?	YES	NO □	Diploma:	
College:		Address:				
From:	То:	Did you graduate?	YES	NO □	Degree:	 
Other:		Address:				 
From:	То:	Did you graduate?	YES	NO □	Degree:	 

Please list three professional references.

Full Name:	Relationship:						
Company:							
Address:							
Full Name:	Relationship:						
2	Phone:						
Address:							
Company:	Relationship: Phone:						
Address:							
Company:	Phone:						
Address:	Supervisor:						
Job Title: Starting	Salary: <u>\$</u> Ending Salary: <u>\$</u>						
Responsibilities:							
From:To:	Reason for Leaving:						
	YES NO						
May we contact your previous supervisor for a reference?							
Company:	Phone						
Address:	Supervisor:						
Job Title: Starting	Salary: <u>\$</u> Ending Salary: <u>\$</u>						
Responsibilities:							
From:To:	Reason for Leaving:						
\_ =	YES NO						
May we contact your previous supervisor for a reference?							

I certify that answers given herein are true and complete.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

Additionally, I attest that I am physically capable of performing the job requirements of the position for which I am applying.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand I am required to abide by all rules and regulations of the employer.

Signature:

Date: