

JOINER LAW FIRM

INTERNATIONAL TRADE LAW

PERSONAL INFORMATION

Last Name		First Name		M.I.	Preferred Name (Nickname)		
Address (Street)				(City)			
E-mail Address			(State)		(Zip)		
Primary Phone Number		Secondary Phone Number		Cell Phone Number		Date Available to Begin Working:	
Are you interested in (check all that apply) <input type="checkbox"/> Temporary / Consulting <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time				Please list job title(s) you are applying for:			
Date Available to Begin Working:							
Days/Hours Available to Work:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Expected Hourly Pay Range: \$ -				Expected Annual Pay Range: \$ -			
How did you hear about this job opening?							
Are you legally authorized to work without restriction in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>							
During the past 15 years, have you been convicted of, or have you pleaded guilty or no contest to, a felony offense? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please provide details:							

EDUCATION

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree / Major
College / Technical School / Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
College / Technical School / Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
College / Technical School / Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	

SKILLS / CERTIFICATIONS / LANGUAGES

List any specialized skills/credentials (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) or foreign languages you are fluent in.

EMPLOYMENT HISTORY

List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). If applicable, explain any gaps in employment history. This information may be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title:	
Salary Start: \$	Salary Final: \$	Organization Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name and Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title:	
Salary Start: \$	Salary Final: \$	Organization Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name and Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title:	
Salary Start: \$	Salary Final: \$	Organization Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name and Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title:	
Salary Start: \$	Salary Final: \$	Organization Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name and Phone:	Reason For Leaving:
Duties:			

BUSINESS REFERENCES – DO NOT LEAVE THIS SECTION BLANK!

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME : First and Last	OCCUPATION AND ASSOCIATION TO CANDIDATE	TELEPHONE WITH EXTENSION

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Joiner Law Firm PLLC any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Joiner Law Firm PLLC from liability for any damage that may result from furnishing same to Joiner Law Firm PLLC. I understand and authorize Joiner Law Firm PLLC to obtain an employment history verification for employment purposes that may include information as to my character, general reputation, personal characteristics, and mode of living, work experience and performance, along with reasons for termination of past employment.

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and acknowledge that I have read the above information and that my signature thereto may be implied.

Electronic Signature: By checking the box below I am signing this Employment Application.

APPLICANT'S SIGNATURE: _____

DATE: _____