

EMPLOYMENT APPLICATION (PEO) Employer Name: INNOVATIVE EMPLOYER SOLUTIONS

I. PERSONAL INFORMATION

Last Name		First		M. I.		Date	
Current Address			City		ST	ZIP	Dates: From/To
Previous Address (last 7 years)			City		ST	ZIP	Dates: From/To
Previous Address			City		ST	ZIP	Dates: From/To
Home Phone		Alternate or Cell Phone		Emergency Contact		Emergency Contact Phone	
Have you ever used a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No List:				Email Address			

II. EMPLOYMENT INTERESTS

Position Desired		Date Available To Start		Salary Desired		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Write in the days of the week you are not available.				Write in the times of the day you are not available:			

III. EDUCATION INFORMATION/CERTIFICATIONS

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/Trade/Tech			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all professional certifications and licenses by state

IV. SKILLS – If applicable to the position

10 key speed	spm	Typing speed	wpm	PC Skills/Software used	Foreign Languages
What experience, training, qualifications or skills make you especially suited for work at this company?					

V. EMPLOYMENT INFORMATION – List the most recent employer first

Company Name			Phone		From Mo./Yr.	To Mo./Yr.
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title		Duties			Reason for leaving	
Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name		Phone		From Mo./Yr.	To Mo./Yr.
Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving	
Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Phone		From Mo./Yr.	To Mo./Yr.
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Job Title	Duties			Reason for leaving	
Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Phone		From Mo./Yr.	To Mo./Yr.
Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving	
Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. ACKNOWLEDGEMENT

<i>Please read carefully, initial each paragraph, and sign below</i>	
Initial	Except for that which I have disclosed, I have no other commitments, including, but not limited to, a non-compete or non-solicitation agreement with any current or former employers which may affect or restrict my employment with another employer or restrict my ability to perform the duties for which I would be hired. I understand no offer or promise of employment has been made to me at this time.
Initial	I understand and agree that any employment relationship with Innovative Employer Solutions Inc or this employer would be an "at-will" relationship, meaning that Innovative and/or this employer and I have the right to terminate this employment relationship at any time for no reason or for any reason. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of the employer.
Initial	I also agree to comply with any drug testing policy, Innovative Employer Solutions Inc or this employer may adopt, and I specifically understand and agree that Innovative and/or this employer reserves the right to require me to submit to a drug test at the pre-employment stage as well as at any time thereafter based upon reasonable suspicion, or post-accident or injury and in any other situation where it is allowable by law. I understand that refusing to submit to a drug and/or alcohol test will subject me to immediate termination. Also, I understand that as a condition of employment, I may be required to take a post-offer/pre-employment physical examination.
Initial	I understand that Innovative and/or this employer may contact my previous employers and I authorize those employers to disclose all records and other information relating to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me. I also authorize Innovative and/or this employer to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold them harmless for providing such information. I further understand that my application will be considered "active" for a maximum period of 30 days and if I wish to be considered for employment after that time, I must reapply.
Initial	I have been informed and I agree that if my assignment with any Client of Innovative ends for any reason, I must report back to Innovative within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied to me if I fail to do so.
Initial	By signing below, I certify that all information on my resume, my employment application, or any other representations made by me are true, complete, and accurate. I understand that if any misrepresentation or omission is later found to be false or misleading, it may result in the rejection of my application or in the immediate termination of my employment at any time. My signature below also certifies that I have read and that I acknowledge all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.
Applicant's Signature:	
Date:	

You must sign this application and initial the above statements to be considered for employment.

We are proud to be an equal opportunity employer. Qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected by law.



6333 Timber Greens Blvd
New Port Richey FL 34655