



# Application for Employment

It is the policy of Synergy Networks, Inc. and its employees to provide equal employment opportunities without regard to race, color, gender, age, creed, religion, marital status, national origin, veteran status, the presence of any sensory, mental or physical disability, or other reason prohibited by applicable local, state, or federal law.

## GENERAL INFORMATION (please print)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are you currently authorized to work for all employers in the United States on a full-time basis? Yes  No

U.S Military Record. Have you served in the U.S. Armed Forces? Yes  No

If yes, please give dates of service: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Branch: \_\_\_\_\_

## POSITION OBJECTIVE

Position Desired: \_\_\_\_\_ Salary: \_\_\_\_\_ Full Time  Part Time

Date Available: \_\_\_\_\_ Have you previously applied to Synergy Networks for employment? Yes  No

## EDUCATIONAL BACKGROUND

	Name of School, City, State	Did you Graduate?	Degree	Major/Subject
High School				
College				
College				

List other schooling, certifications, activities, etc. you consider significant:


**Applicant:** A resume may be attached, but application must be completed in its entirety for consideration.

**EMPLOYMENT HISTORY:** List all present and past employment. Begin with most recent first.

Employed By:		Phone Number:	Dates Employed (Month/Year) From: To:	
Address:		City:	State:	Monthly Salary: Start: End:
Your Title:	Supervisor:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:				
Reason For Leaving:				

Employed By:		Phone Number:	Dates Employed (Month/Year) From: To:	
Address:		City:	State:	Monthly Salary: Start: End:
Your Title:	Supervisor:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:				
Reason For Leaving:				

Employed By:		Phone Number:	Dates Employed (Month/Year) From: To:	
Address:		City:	State:	Monthly Salary: Start: End:
Your Title:	Supervisor:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:				
Reason For Leaving:				

Employed By:		Phone Number:	Dates Employed (Month/Year) From: To:	
Address:		City:	State:	Monthly Salary: Start: End:
Your Title:	Supervisor:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:				
Reason For Leaving:				

**ADDITIONAL INFORMATION**

**OTHER QUALIFICATIONS:** Summarize special job-related skills and qualifications.


State any additional information you feel may be helpful to us in considering your application.


**REFERENCES:**

Name	Address	Telephone
1.		
2.		
3.		

**APPLICANTS STATEMENT**

**Please read and sign below**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result I my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

I authorize Synergy Networks, Inc. to solicit information regarding my previous employment, character, general reputation, and/or similar background information, and to contact any and all prior employers or other references listed on this application or obtained from other sources, as may be necessary for Synergy Networks, Inc. to make its hiring decisions.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_