

*An Equal Opportunity Employer*

APPLICATION FOR EMPLOYMENT				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE	
<i>Please List All Last Names Ever Used, Including Maiden Name:</i>				
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE
ALTERNATE PHONE	EMAIL ADDRESS	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. ON A PERMANENT BASIS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>IF NO, HOW LONG ARE YOU AUTHORIZED TO WORK IN THE U.S.?</i> _____				
POSITION(S) APPLIED FOR		RATE OF PAY EXPECTED		
1.	2.			
TYPE OF POSITION Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>				
DATE AVAILABLE _____		SCHEDULE PREFERRED _____		
HOW DID YOU LEARN OF THIS POSITION?				
Advertisement: Which Publication? _____ Employee Referral: Who? _____				
Other: _____				
HAVE YOU EVER BEEN EMPLOYED BY LEGACY, LLC OR ANY OF ITS AFFILIATES?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Dates: _____				
HAVE YOU EVER APPLIED FOR WORK AT LEGACY, LLC OR ANY OF ITS AFFILIATES?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When: _____				

SCHOOL	NAME & ADDRESS	NO. OF YEARS ATTENDED	COURSES OF STUDY/ MAJOR	DIPLOMA DEGREE
HIGH SCHOOL				
TECHNICAL/TRADE/ CORRESPONDENCE SCHOOL				
COLLEGE				
GRADUATE/ADVANCED DEGREE PROGRAM				

ARE YOU LICENCED/CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and number: _____
AREAS OF SPECIALIZATION/MAJOR INTEREST? <i>List special skills/equipment operated/computer skills/software/certificates</i> TYPING WPM _____
ARE YOU A VETERAN OF THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of training or education did you receive while in the military? _____
Do you have a NON-COMPETE Agreement from a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE SUPPLY A COPY

**WORK HISTORY (List last employer first):**

May we contact your current employer for a reference?  Yes  No

FROM (M/D/Y)	TO (M/D/Y)	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____			
EMPLOYER NAME _____		PHONE _____	
ADDRESS _____			
DUTIES _____			
REASON FOR LEAVING _____			

FROM (M/D/Y)	TO (M/D/Y)	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____			
EMPLOYER NAME _____		PHONE _____	
ADDRESS _____			
DUTIES _____			
REASON FOR LEAVING _____			

FROM (M/D/Y)	TO (M/D/Y)	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____			
EMPLOYER NAME _____		PHONE _____	
ADDRESS _____			
DUTIES _____			
REASON FOR LEAVING _____			

This job may require you to work weekends, are you able to work weekends?  Yes  No

**NOTICE TO ALL APPLICANTS:** Proof of authorization for employment in the United States is required in accordance with the Immigration Reform and Control Act of 1986.

I certify that the information provided on this Application for Employment (and/or any accompanying resume/materials which may disqualify me from further consideration for employment and I have supplied) is true and correct to the best of my knowledge. I understand that any misinterpretations, omissions, or falsification of information may disqualify me from future consideration for employment and constitutes grounds for immediate dismissal from any subsequent employment at Legacy, and any of its affiliates.

In consideration of my employment, I agree to conform to the rules and regulations of Legacy, LLC and any of its affiliates and behave in accordance with Legacy, LLC and any of its affiliates' policies and procedures. I understand that if hired, my employment is at will and can be terminated at any time, with or without reason and with or without notice, at the option of Legacy, LLC and any of its affiliates or myself. In further consideration of my employment at Legacy, LLC and any of its affiliates, I understand and agree to submit to a pre-employment health screen (including a drug screen) and such further health screen(s) as may be required by Legacy, LLC and any of its affiliates if I receive an offer of employment. I also understand that my future employment is contingent upon passing this health screen, as well as a background check (which may include criminal background check, reference check, licensure verification, academic verification, social security trace/credit check and a driver's license check). This is not considered an implied or express contract of employment.

I hereby authorize persons, schools, my current employer (if applicable) and/or previous employers named in this application (and accompanying resume, if any) to provide Legacy, LLC and any of its affiliates, the organization that provides a part of this service, with any relevant reference information used in making an employment decision, and I release all individuals, partnerships, associations or corporations from any liability regarding the use of such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSUMER AUTHORIZATION FORM  
TO PERMIT THE DISCLOSURE OF INFORMATION  
READ CAREFULLY BEFORE SIGNING**

Indicate Work Location  
\_\_\_\_\_

In connection with my application for employment or promotion, reassignment, or retention of current employment, I understand that Legacy, LLC ("Employer") may conduct a background investigation and compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualification, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit indebtedness, and motor vehicle driving record. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local levels, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and other sources required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report if processed. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that this report is subject to a federal law, the Fair Credit Reporting Act (FCRA). According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local levels, courts record repositories, departments of motor vehicles, the military and licensing or registrations entities, contacted by ADP Selection and Screening Services (ADP SASS) to release information about me, including without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

<b>Printed Full Name:</b> _____		
<b>Street Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Driver's License Number:</b> _____	<b>License State:</b> _____	<b>Exp. Date:</b> _____
<b>Professional License Type (if applicable):</b> _____		
<b>Professional License #:</b> _____	<b>Professional License State:</b> _____	

*The following information is for identification purposes only for the purpose of performing the employment screening and will not be used in violation of any class protection laws such as the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA) or the Americans with Disabilities Act of 1990 (ADA)*

<b>Social Security Number:</b> _____ - _____ - _____	<b>Date of Birth:</b> _____ / _____ / _____	
<b>Gender (M or F):</b> _____	<b>Race:</b> _____	<b>EMAIL:</b> _____
<b>Other or Former Names (maiden, AKA, etc.):</b> _____		

*These reports will be processed by ADP SASS, 4301 Remington St, Fort Collins, CO 80524 and can be reached at [www.adpselect.com](http://www.adpselect.com)*

- California Applicants:** By checking this box, I disclose that I am resident of California and will receive a copy of my investigative consumer report. If checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the investigative consumer report. I acknowledge that a summary of the consumer rights provisions of California Code Section 1786.22 have been provided to me.
- California Applicants:** By checking this box, I disclose that I am a resident of California and would like a free copy of my Credit report if one is processed by my employer.
- Minnesota or Oklahoma Applicants:** By checking this box, I disclose that I am a resident of MN or OK and will receive a copy of my consumer report.
- New York Applicants:** By checking this box, I disclose that I am being employed in the state of NY and I acknowledge the receipt of a copy of Article 23-A of the New York Correction Law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_