

Application for Employment



Client Code: _____ 668 Client Name: Spatial Data Research, Inc.

Date: _____

Name: _____, _____
Last Full First Name M.I. Jr., Sr., Etc

Social Security Number: _____ - _____ - _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

1) **Current** Address: _____ Apt.# _____ City: _____

County : _____ ST: _____ ZIP: _____ From: _____ To: _____

2) **Previous** Address: _____ Apt.# _____ City: _____

County : _____ ST: _____ ZIP: _____ From: _____ To: _____

3) **Previous** Address: _____ Apt.# _____ City: _____

County : _____ ST: _____ ZIP: _____ From: _____ To: _____

4) **Driver's License**: State: _____ Number: _____ Exp: _____

Address on Driver's License: _____

Name on Driver's License: Last _____ First _____ MI _____ Suffix _____

EMPLOYMENT HISTORY

1. Present Employer: _____ Rate of Pay: _____ per _____

Address: _____ City/ST: _____ Phone #: (_____) _____

Position: _____ Supervisor: _____

Dates Employed From: _____ To: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

2. Previous Employer: _____ Rate of Pay: _____ per _____

Address: _____ City/ST: _____ Phone #: (_____) _____

Position: _____ Supervisor: _____

Dates Employed From: _____ To: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

3. Previous Employer: _____ Rate of Pay: _____ per _____

Address: _____ City/ST: _____ Phone #: (_____) _____

Position: _____ Supervisor: _____

Dates Employed From: _____ To: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

EDUCATION

School	Name & Location / Address	Years Attended	Date Completed	Degree / Program
High School				
College				
Trade or Other				

GENERAL QUESTIONNAIRE – Please answer all questions

- 1) How were you referred here?: _____ 2) Are you at least 18 Years of Age: Yes ___ No ___
- 3) What date will you be available to work?: _____ 4) Do you have a valid Driver's License? Yes ___ No ___
- 5) Have you ever been convicted of a criminal offense? Yes ___ No ___ If yes, offense: _____
- 6) If #5 is yes, place of conviction: County: _____ State: _____ Mo/Yr: _____ - _____
- 7) List any special skills that qualify you for this position: _____

APPLICANT AUTHORIZATION

- 1) All information I have submitted in this application is true & correct to the best of my knowledge. I understand that false information will be cause for dismissal. I hereby authorize Spatial Data Research, Inc. the right to process this application and to verify all information herein, including conducting a background check for Criminal Record, Police Record and Motor Vehicle record information. I authorize, hereby, all corporations, companies, academic institutions, law enforcement agencies, and current and former employers to release information they may have about me and release them from any liability or responsibility from doing so.
- 2) I hereby state that I am a prospective employee and authorize this company or its agent(s) to obtain my abstract of driver record from the appropriate state agency, to be used exclusively by said company or its agent to determine whether I should be employed to operate a motor vehicle upon the public highways of the state and or for the purpose of underwriting insurance in connection with such employment. I further understand that no information contained in the driver record shall be divulged, sold, assigned, or otherwise transferred to a third person or party.
- 3) I authorize this company or agent to use electronic means, such as email, to communicate the contents of this release or report to company or agent.

Name: _____

Date: _____

Signature: _____