

The Employment Professionals

DON RICHARD ASSOCIATES IS AN EQUAL OPPORTUNITY EMPLOYER & REFERS QUALIFIED CANDIDATES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

COUN	CODE	REFS	STATUS	ID #

SOC. SEC. #	TODAY'S DATE
-------------	--------------

PRINT LAST NAME	FIRST	MI	POSITION DESIRED		
ADDRESS			SALARY EXPECTATIONS	TEMP. RATE	
CITY	STATE	ZIP	DO YOU SMOKE?	ANY FELONY CONVICTIONS?	PREFERRED LOCATIONS?
HOME PHONE	WORK PHONE		WILL YOU TRAVEL?	WILL YOU RELOCATE?	
MOBILE PHONE	EMERGENCY CONTACT NAME & NUMBER		% TRAVEL	E-MAIL:	

EMPLOYMENT HISTORY (LAST JOB FIRST)				
DATES	COMPANY NAME CITY, STATE, TYPE OF COMPANY, NUMBER OF EMPLOYEES	ENDING SALARY	POSITION/ TITLE	REASON FOR LEAVING
		BONUS		
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION (LIST 2 HIGHEST)				
COLLEGE/UNIVERSITY	DEGREE	YEAR GRAD.	GPA	MAJOR

OTHER EDUCATION, LICENSES, CERTIFICATIONS, HONORS OR AWARDS (CPA, CMA, CNE, MCSE, ETC.):

Please list any companies which you have sent resumes to or have interviewed with.

FOR OFFICE USE ONLY

DRA Interviewer Notes

Testing:

THIS INFORMATION IS PROVIDED VOLUNTARILY FOR THE PURPOSE OF SEEKING NEW EMPLOYMENT. I UNDERSTAND THAT IT MAY BE USED FOR PRESENTATION PURPOSES TO EMPLOYERS, AND CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND, EMPLOYMENT RECORD AND REFERENCES, AND AGREE THAT FALSIFICATION OF SUCH INFORMATION WILL VOID THIS APPLICATION AND SEVER ALL RELATIONS WITH DON RICHARD ASSOCIATES.

X _____
Signature

Don Richard Associates

PROFESSIONAL REFERENCES

Please list four (4) **professional references** (personal references are not acceptable), preferably previous supervisors, that we may contact in order to verify your employment history. If you are currently working, we will not contact your current employer without your permission. Please provide all the information necessary to contact your references.

Company Name: _____
City & State: _____ Phone #: _____
Your Position/Title: _____ Dates of Emp: _____ - _____
Name & Title of Reference: _____
Phone: Wk # _____ Hm/Cell # _____ E-Mail: _____
Ok to contact? yes or no Is reference still there? yes or no _____
(If no, current company)

Company Name: _____
City & State: _____ Phone #: _____
Your Position/Title: _____ Dates of Emp: _____ - _____
Name & Title of Reference: _____
Phone: Wk # _____ Hm/Cell # _____ E-Mail: _____
Ok to contact? yes or no Is reference still there? yes or no _____
(If no, current company)

Company Name: _____
City & State: _____ Phone #: _____
Your Position/Title: _____ Dates of Emp: _____ - _____
Name & Title of Reference: _____
Phone: Wk # _____ Hm/Cell # _____ E-Mail: _____
Ok to contact? yes or no Is reference still there? yes or no _____
(If no, current company)

Company Name: _____
City & State: _____ Phone #: _____
Your Position/Title: _____ Dates of Emp: _____ - _____
Name & Title of Reference: _____
Phone: Wk # _____ Hm/Cell # _____ E-Mail: _____
Ok to contact? yes or no Is reference still there? yes or no _____
(If no, current company)

I hereby authorize Don Richard Associates of Tidewater to contact the above references on my behalf. I also agree to submit to any tests which a Don Richard client may require as a part of their employment process; including a drug screen, criminal and credit check, aptitude tests, physical exam and psychological tests.

Signature

Date

(Print Name)

(Last name at time of employment)

SSN# _____

Don Richard Associates

DEGREE VERIFICATION

(Please fill in all information above the line.)

Full Name:

First

M.I.

Last

Other Name That May Appear On School Records: _____

SS #: _____

College/University: _____

Location: _____

Degree/Major: _____

Date Received: _____

Signature: _____ Date: _____



(FOR OFFICE USE ONLY)

Verification By: _____

Title/Position: _____

Organization: _____

Phone #: _____ Date: _____

Any Exceptions: _____

Signature Date

Print Name