

InterChange Group, Inc.

Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:
1346 Pleasants Drive, Suite 6, Harrisonburg, VA 22801
or fax application to:
(540) 442-1632

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE PAGES 1-6.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 YES NO, if "YES", can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
and wage desired (2) _____
(Be specific)

Days/hours available to work (check all that apply):

Day Shift (5am-5pm) _____

Night Shift (5pm-5am) _____

Su M T W Th F Sa

How many hours can you work weekly? _____

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE POSITIONS ONLY

Typing Yes
 No _____ WPM

10-key Yes
 No

Word Processing Yes
 No _____ WPM

Personal Computer Yes PC
 No Mac

Other Skills _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1) Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
2) Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
3) Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

4) Name of employer Address City, State, Zip Code Phone number			
	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

5) Name of employer Address City, State, Zip Code Phone number			
	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by InterChange Group, Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of InterChange Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and InterChange Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. _____

Signature of applicant _____ **Date:** _____

InterChange Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with InterChange Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Disclosure and Release

I, _____, authorize the release of information from my previous employment records by your company to **Compliance Safety Systems**, for the sole purpose of transmitting such records to **Interchange Group, Inc.** I authorize the release of the following information; pre-employment drug and alcohol testing and results during the past three years, verified positive drug tests, refusals to test and, any information regarding the completion of a return-to-duty process following any drug testing violation.

I authorize the company to release information about names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials and any other information that may pertain to my employment with afore mentioned company.

Signature of Applicant

Date

Social Security Number

Date of Birth

Address:

