# **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 P	PAGES 1-6		DATE:		
Name: Last Name	First Name	e Middle	9	Maiden	
Present Address:Num	nber Stree	et	City	State	Zip
		Sa	soial Coourity No		·
Phone: ()	ress?		ocial Security No.		
		"YES," can you provide pi	roof of your eligibility to	o work? Y	ES NO
_	<del></del>	d States? YES			
Docition continued for (4)		-		uonk (abaataan	hat are led.
and wage desired			ys/hours available to v Day Shift (5AM-		
(De specific) (2)			Night Shift (5PN		
How many hours can yo	ou work weekly?		_ Su M T _		
	to start work?				
-/		LOCATION (Complete	NUMBER OF YEA	ARSa	
TYPE OF SCHOOL	NAME OF SCHOOL	mailing address)	COMPLETED	MAJO	R & DEGREE
High School					
College					
Bus. or Trade School					
Professional School					
are applying? YI	ES NO (A conv	substantially related to the riction record will not necest of offense(s) leading to chabilitation.	essarily disqualify you f	from employme	nt.)

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#### APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE?  Driver's License #	<del></del>	Expiration Date
Operator Commerc		·
Have you had any accidents during the past three year	ars?	How many?
Have you had any moving violations during the past t	hree years?	How many?
	OFFICE POSITIONS ONLY	
TYPING:YESNOWPM	10-KEY: _	YESNO
PERSONAL COMPUTER:YESNO	WORD PRO	OCESSING:YESNO
PC MAC	OTHER SK	ILLS:
Please list two references other than relatives.		
Name	_ Nam	ne
Position	_ Posi	ition
Company	Com	npany
Address	Add	ress
	_	
Telephone ()	Tele	phone ()
Please use this space to elaborate on any backgroun- evaluating your qualifications for employment. You m believe relevant. Please omit any information that wo religious or political affiliations, or disability.	nay include hobbies, vo	plunteer experience and any other activities you

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#### APPLICATION FOR EMPLOYMENT

Work Please list your work experience beginning with your most recent job held.

Experience If you were self-employed, give firm name. Attach additional sheets if necessary.

1) Name of employer	Name of last supervisor	Employment Dates	Pay or salary
Address		From	Start
City, State Zip		То	Final
Phone number	Your last job title		
Peason for leaving (he specific)			

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	Name of last supervisor	Employment Dates	Pay or salary
Address		From	Start
City, State Zip		То	Final
Phone number	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	Name of last supervisor	Employment Dates	Pay or salary
Address		From	Start
City, State Zip		То	Final
Phone number	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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Work Experience Please list your work experience beginning wit If you were self-employed, give firm name. At			
4) Name of employer	Name of last supervisor	Employment Dates	Pay or salary
Address		From	Start
City, State Zip		То	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned,	advancements or pror	notions while you wo	orked at this
company.			
			1
5) Name of employer	Name of last supervisor	Employment Dates	Pay or salary
Address		From	Start
City, State Zip		То	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pror	motions while you wo	orked at this
company.			
May we contact your present employer?YESNO			
Did you complete this application yourself?YESN	10		

#### 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 herby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and herby 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 sixty (60) days and further that at any time during the probationary period of thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:
oignature 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

l,	, authorize the release of
information from my previous	s employment records by your
	<b>cy Systems</b> , for the sole purpose
•	to Interchange Group, Inc.
	he following information; pre-
, ,	esting and results during the past
	ug tests, refusals to test and, any
	eletion of a return-to-duty process
following any drug testing violation	OH.
	ase information about names and
dates of previous employer	•
	e, accidents, academic history,
pertain to my employment with a	any other information that may
pertain to my employment with a	note mentioned company.
Signature of Applicant	Date
Social Security Number	Date of Birth
Oodal Occurry Number	Date of Birth
Address:	