



APPLICATION FOR EMPLOYMENT

Date

Position Applied For

Full-Time or Part-Time?

Date Available

Salary Desired

Personal Data

NAME Last First Middle

Present Address Street City State Zip

Permanent Address Street City State Zip

Phone Number (Home)

Social Security Number

What prompted you to work here? Agency Friend Relative
 Advertisement Other: _____

Why are you applying for work at GraceHollis LLP? _____

Have you ever applied to GraceHollis LLP before? Yes No

If yes, provide date and position: _____

Have you ever been an employee of GraceHollis LLP before? Yes No

If yes, provide dates of employment and position(s): _____

May we contact you at work? Yes No Number: _____

Are you 18 years of age or older? Yes No

Is there anything that would prevent you from:

Working consistently: Yes No

Working overtime: Yes No

Traveling: Yes No

If hired, would you have a reliable means of transportation to and from work?

Yes

No

Smoking Policy

Pursuant to local ordinance, smoking is disallowed entirely within the buildings of GraceHollis LLP. Would it affect your ability to perform your job function if you were not allowed to smoke in your work area and were allowed to smoke only during your scheduled break(s) and meal break?

Yes

No

Immigration Reform and Control Act

If you are offered employment with GraceHollis LLP prior to or at the time you start work you will be required to present one or more original documents establishing both your identity and your authorization to work in the United States. You also must verify your identity and your authorization to work on Form I-9 required by the United States Immigration and Naturalization Service. Photocopies of Form I-9 and the documentation that establishes your identity and work authorization will be provided by GraceHollis LLP only to persons who have a legitimate interest in this information for purposes of complying with the Immigration Reform and Control Act of 1986.

Can you, after an offer of employment, submit verification of your identity and authorization to work in the United States?

Yes

No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes

No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes

No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, however, may be considered.)

Education

| Name and Location of School | Circle Last Year Completed | Did You Graduate? | Subjects Studied and Degree(s) Received |
|-----------------------------|----------------------------|-------------------|---|
|-----------------------------|----------------------------|-------------------|---|

1 2 3 4

Yes

No

High School

1 2 3 4

Yes

No

College or University

1 2 3 4

Yes

No

Law, Trade, Business, Paralegal, Secretarial or Correspondence School

1 2 3 4

Yes

No

Other (please specify)

Skills

Type _____ wpm Shorthand _____ wpm

Do you operate 10 key (by touch)? _____

Word Processing Equipment? _____

If Yes, specify type _____

Databases or Spreadsheets? _____

If Yes, specify type _____

-

Dictaphone?

If Yes, specify if your skill is dictating or transcribing from
a Dictaphone _____

Employment Record - Must be completed even if resume is included with application.

List all jobs and significant experience during the past ten years.
 Start with present employer. (Note: Attach additional page(s), if necessary.)

| | |
|---|----------------------|
| Company Name _____ Telephone _____ _____ () _____ Street Address _____ _____ City, State, Zip _____ _____ Type of Business _____ _____ Dates Employed: From: _____ To: _____ Direct Supervisor _____ _____ Rates of Pay: Start \$: _____ /Mo. Final \$: _____ /Mo. Job Title: _____ _____ Start: _____ Final: _____ Reason for Leaving: _____ | Summarize Job Duties |
| Company Name _____ Telephone _____ _____ () _____ Street Address _____ _____ City, State, Zip _____ _____ Type of Business _____ _____ Dates Employed: From: _____ To: _____ Direct Supervisor _____ _____ Rates of Pay: Start \$: _____ /Mo. Final \$: _____ /Mo. Job Title: _____ _____ Start: _____ Final: _____ Reason for Leaving: _____ | Summarize Job Duties |

May we contact all the employers you have listed? ® Yes ® No
 If NO, indicate which one(s) you do not wish us to contact prior to extending an offer of employment.

Do you have any other name under which your employment may be verified?

References - Give below the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Phone | Business | Years Acquainted |
|------|---------|-------|----------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

List any other experience, skills or qualifications which you believe may be relevant:

Please read the following statement carefully and ask questions if you need clarification before you sign this application.

I declare that each of the answers given to the questions on this application is complete and true to the best of my knowledge, and I understand and agree that any misrepresentation or omission of fact by me in this application will be sufficient reason to cancel this application and/or terminate my employment from the firm's service if I am employed. I declare that my resume attached hereto and/or submitted in connection with this Application is complete and true to the best of my knowledge, and I understand and agree that any misrepresentation or omission of fact by me in my resume will be sufficient reason to cancel this Application and/or terminate my employment from the firm's service if I am employed.

Furthermore, I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand that both the firm and I can terminate our employment relationship at any time with or without advance notice and with or without cause. I further understand that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than a Managing Partner of GraceHollis LLP has any authority to enter into any agreement with me contrary to the foregoing and that any contrary agreement entered into by the Managing Partner must be in writing and signed by the Managing Partner.

I give the firm the right to investigate all references and employment history and to secure additional information about me, if job related. I hereby release GraceHollis LLP and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

If I am offered employment, I agree that prior to beginning work, I will provide documents to GraceHollis LLP which verify my identity and right to work under the Immigration Reform and Control Act of 1986.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by GraceHollis LLP, I am entitled to copies of any such public records obtained by GraceHollis LLP unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date _____

Signature _____

**SELF-IDENTIFICATION FORM
(OPTIONAL)**

To assist in maintaining accurate employment records and complying with federal government reporting requirements, your cooperation is requested. The information you provide is considered entirely voluntary and confidential. Please check the appropriate categories with which you identify.

RACE/ETHNIC GROUP AND SEX **Male** _____ **Female** _____

_____ Black, not of Hispanic Origin. Persons having origins in any of the Black racial groups of Africa.

_____ Asian or Pacific Islander. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

_____ Hispanic. Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

_____ White, not of Hispanic Origin. Persons having origins in any of the peoples of Europe, North Africa or the Middle East.

VETERANS AND INDIVIDUALS WITH DISABILITIES

Veteran of the Vietnam Era

_____ "Veteran of the Vietnam-Era" means a person who served more than 180 days of active military, naval or air service, any part of which was during the period of August 5, 1964 through May 7, 1975, and who (I) was discharged or released therefrom with other than a dishonorable discharge, or (II) was discharged or released from active duty because of service connected with disability.

Individuals with Disabilities

_____ A person who (1) has a mental or physical impairment that substantially limits one or more of the person's major life activities (2) has a record of such impairment or (3) is regarded as having such impairment.

Name _____ Date _____