



# Employment Application An Equal Opportunity Employer

**This company is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.**

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For	Date of Application	Type of Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
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### PERSONAL

Last Name	First	Middle	Other Last Name(s) by which you have been known		
Permanent Street Address		City	State	Zip Code	Telephone Number with Area Code
Social Security Number	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Expected	
Drivers License No. (if applicable)		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	From (Mo./Yr.)	To (Mo./Yr.)		
Please indicate the source from which you learned of this position.		List the names of any individuals employed by this Company who know you.			

### EDUCATION, CREDENTIALS, LICENSES

TYPE OF SCHOOL	SCHOOL NAME, CITY, STATE	TYPE OF DIPLOMA OR DEGREE AWARDED	MAJOR FIELD	DATES ATTENDED (MM/YYYY)	
				FROM	TO
Last High School Attended					
Colleges Attended					
Other (Trade, Business, Secretarial, etc.)					

Special qualifications (include technical/professional licenses and number, academic or professional awards).

Specify Word Processing/Computer Software with which you are familiar.

Have you ever had any job related training in the U.S. Military?    Yes    No   If yes, please give dates:

### EMPLOYMENT HISTORY

Beginning with most recent, list all employment, including part-time and self employment. Also list significant experience that may include any verified work performed on a voluntary basis. An explanation of any period of unemployment must be included. Complete this section in its entirety. Use extra sheet, if needed.

Name of Employer	From (MM/YYYY)	To (MM/YYYY)	
Address (including Street, City, State and Zip)		Telephone Number	
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	

----- Tear on the dotted line -----

### APPLICANT FLOW INFORMATION

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_ Position Code \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY (continued from reverse side)**

Name of Employer		From (MM/YYYY)	To (MM/YYYY)
Address (including Street, City, State and Zip)			Telephone Number
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	

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Are you able to perform the essential functions (as shown on the job description) of the position for which you are applying?  Yes  No If no, please explain.

Have you ever been dismissed or forced to resign from any position?  Yes  No If yes, please give details.

Have you ever been convicted of a misdemeanor or felony or received probation or deferred adjudication?  Yes  No If yes, please state the date(s) of such conviction, probation or deferred adjudication and the reason(s):

**REFERENCES: List three (3) persons, other than relatives, who have definite knowledge of your ability and character.**

NAME	ADDRESS	TELEPHONE NUMBER

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by MCCONNELL JONES LANIER & MURPHY LLP (hereinafter referred to as "MJLM") that such employment with MJLM is at will, for no specified duration and may be terminated by either MJLM or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of MJLM or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of MJLM except the Partners have the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Partners of MJLM.

In consideration for employment with MJLM, if employed, I agree to conform to the rules, regulations, policies and procedures of MJLM at all times and understand that such obedience is a condition of employment. I understand that due to the nature of MJLM business, attendance and punctuality are considered essential requirements of every job at MJLM and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with MJLM, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to MJLM and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

----- Tear on the dotted line -----

Sex:  Male  Female

Race/Ethnicity:  American Indian or Alaskan Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  
 White  Hispanic or Latino  
 Unknown

Veteran:  Yes  No

## SUPPLEMENTAL EMPLOYMENT APPLICATION

<b>Name</b>	<b>Position</b>	<b>Date</b>
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Address (including Street, City, State and Zip)			Telephone Number
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	
Name of Employer		From (MM/YYYY)	To (MM/YYYY)
Address (including Street, City, State and Zip)			Telephone Number
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
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Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	
Name of Employer		From (MM/YYYY)	To (MM/YYYY)
Address (including Street, City, State and Zip)			Telephone Number
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	
Name of Employer		From (MM/YYYY)	To (MM/YYYY)
Address (including Street, City, State and Zip)			Telephone Number
Name of Supervisor	Title	Beginning Pay Rate	Ending Pay Rate
Briefly describe the job title, nature and duties of your position.		Reason(s) for leaving	