

EMPLOYEE DATA CARD

EMPLOYEE INFORMATION:

Application Date	Date Available:	DOH	Company Name:	Position Applied For:	
Last Name:	First Name:	MI	Maiden Name:	SSN:	
Street Address:		Mailing Address:		City, State Zip:	
Phone #	Alt or Cell #		Drivers License #	Medical Licenses:	
Emergency Contact:			Emergency contact Phone #		
Reference 1: Name, address, phone # (not related to you):					
Reference 2: Name, address, phone # (not related to you):					
Have you been convicted of a felony within the past 7 years?			If yes explain:		
I am certifying, I am able to perform the essential functions of the job with or without accommodations, for which I am applying, as described to me during the application process and through any printed material made available to me.					
If No, please explain:					
If employed and you are under the age of 18 can you furnish a work permit?				Yes	No
Have you filed an application here before: (If Yes when?)				Yes	No
Are you prevented from becoming employed in this country because of a Visa or Immigration Status?				Yes	No
May we contact your present employer?				Yes	No

EMPLOYMENT EXPERIENCE: List your last three (3) employers starting with your present to last.

Your present of last job, include military service assignments and volunteer activities. (You may exclude organizations which would reveal sex, race, religion, and national origin, age, ancestry, handicap, or other protected status.)

1. Employer:	Address:	Phone #
Job Supervisor	Date Employed :From:	To: Hourly Rate / Salary: Start: End:
Job Title:	Work Performed:	Reason for Leaving:
2. Employer:	Address:	Phone #
Job Supervisor	Date Employed :From:	To: Hourly Rate / Salary: Start: End:
Job Title:	Work Performed:	Reason for Leaving:
3. Employer:	Address:	Phone #
Job Supervisor	Date Employed :From:	To: Hourly Rate / Salary: Start: End:
Job Title:	Work Performed:	Reason for Leaving:

EDUCATIONAL BACKGROUND: (List the last three (3) schools, or qualifying skills and / or experience).

Name and location	No. of Years Completed	Graduate	Course of study
1.			
2.			
3.			

Additional Information

Interviewer Comments / Notes:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the employee data sheet as may be necessary in arriving at an employment decision. This data sheet will remain in file for 180 days. I understand this document is neither a contract nor offer of employment. In the event of employment, I understand that false or misleading information given in this data sheet or interview is grounds for disciplinary action, up to and including termination. I understand, also that I am required to abide by all rules and regulations of the employer

Employee's Signature: _____ Date _____

Benefit Staffing

AUTHORIZATION FOR CONSENT FOR RELEASE OF INFORMATION

(PLEASE READ CAREFULLY)

I hereby authorize my employer and any of its agents / designated company personnel, to disclose orally and in writing, the results of this verification process and to interview to the designated authorized representative of this company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and agencies to provide my employer with all information that may be requested, and to conduct a verification, as deemed necessary by this company to fulfill the job requirements, with regards to my past work history, motor vehicle records, credit history, workers' compensation insurance claims as allowed by FCRA, EEOC and ECOA, and to receive any criminal history record information pertaining to which may be in the files of any Federal, State or Local criminal justice agency in Texas or any other states. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representative of the company and its clients.

I do hereby agree to forever release, and indemnify my employer and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expense, or any other charge of complaint with any agency arising from the retrieving and reporting of information.

Name _____ X _____ Date: _____

DOB _____

Social Security Number: _____ Maiden Name: _____

Address _____

FOR OFFICE USE ONLY

SEARCH REQUESTED: **CRIMINAL** **CIVIL**
List Counties List Counties

SOCIAL SECURITY TRACE:

CREDIT:

EMPLOYMENT:

MVR:

OTHER: