

EMPLOYMENT APPLICATION

An Equal Opportunity Employer



Applicant Information

Full Name: _____ Social Security #: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Have you ever worked for Meeting Services Inc.? YES NO If yes, when? _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) YES NO Can you submit verification of your legal right to work in the United States? YES NO

Employment Desire

Position Desired: _____ Date Available: _____

Status: Full Time Part Time Salary Desired: _____

How did you learn of this opening? Advertisement Walk In Referral Other

Education

High School: _____ Address: _____

Did you graduate? YES NO Type of Diploma / Degree Received: _____

College / University: _____ Address: _____

Did you graduate? YES NO Type of Diploma / Degree Received: _____

Vocational or Trade: _____ Address: _____

Did you graduate? YES NO Type of Diploma / Degree Received: _____

Other: _____ Address: _____

Did you graduate? YES NO Type of Diploma / Degree Received: _____

Licensing

The majority of our positions require a valid driver's license. Do you have a current valid driver's license? YES NO

License Number: _____ Issuing State: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Special Skills /

Summarize special skills and qualifications acquired from previous employment or other experience.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Meeting Services, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Meeting Services, Inc. will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Signature: _____ Date: _____

Release Authorization

In connection with my application for employment or promotion or other job change, I understand that Meeting Services, Inc. (the Company) may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that, subject to any legal restrictions imposed by any federal, state or local law, the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background and professional licensing if any.

Report will be ordered from:

Accurate Information Systems
1000 S. Tamiami Trail
Suite A
Venice, Florida 34285
(800) 295-7109
www.accinfosys.com

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report obtained by Meeting Services, Inc. by checking the box provided below. The report will be provided to you within three business days after the report is provided to Meeting Services, Inc.

_____ I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ Email _____

Social Security #: _____ Date of Birth _____

Driver's License #: _____ State Issuing _____

I consent to this release authorization

Signature: _____ Date: _____