## SECTION 1- EMPLOYMENT QUESTIONNAIRE

Client Name:	
Full Employee Name	Middle
SSN#Telepho	one: ( )
Email Address:	@
Present Mailing Address:  Number & Street  Unit # City	State Zip County
Emergency Contact Name:	
Relationship:	Telephone: ()
Type of Work Desired (Describe)	Part Time □ Full Time □
Are you 18 years of age or older? □ Yes □ No If under (If you are under 18, employment is subject to verification that you are o	r 18, please state your age of legal minimum age and can furnish any required work permit.)
Are you prevented from lawfully becoming employed in this country became	eause of Visa or Immigration Status? Yes   No
Have you been employed through Phoenix Payroll Solutions previously	y? Yes □ No □
If yes, when?Pos	osition
Have you ever been convicted of a crime, entered a plea of nolo conter adjudication withheld or received a suspended sentence (regardless of If Yes, give details concerning the type of crime, the date of the conviction deem relevant to a full understanding of what occurred (attach additional details).	the ultimate adjudication) for a crime? [] Yes [] No tion or plea, the penalty imposed, and any other circumstances you
Have you been arrested and charged with any misdemeanor or felony necognizance pending disposition or trial (do not include minor traffic informal [1] Yes [1] No [1] Yes, give the date(s) and details of the arrest or charge and any other occurred (attach additional sheets if necessary).	fractions for which no court appearance is necessary)?
Have you ever been sued for causing the death of, or injury to any personal defamation, etc.)? [ ] Yes [] No If Yes, give details concerning the nature of the claims and defenses rai verdict, or other disposition), and any other circumstances you deem relisheets if necessary).	aised by the parties, the outcome of the action (e.g., settlement, jury
NOTE: Answering "Yes" to the three previous questions is <u>not</u> an autom offense, seriousness, and nature of the violation, relatedness to the job However, please be advised that a misstatement or omission in answer including discharge	sought, and evidence of rehabilitation will be taken into account.
PLEASE READ THE FOLLOW ING STATEMENTS BEFORE SIGNING BELOW The facts set forth in my enrollment are true and complete. I authorize thereby authorize my former employers to furnish all information pertaini liability on account of furnishing such information. I understand that false shall be considered sufficient cause for refusal to hire or dismissal and I employment is terminated because of such omissions or false or mislean history, including the contacting of the employers listed previously on my	ning to my work record. I hereby release my former employers from all se statements, omissions or misleading statements on this application. I agree that my employer shall not be held liable in any respect if my ading statements. I hereby authorize investigation of my employment.
Employee Signature:	Date: