

# Finezi

## Employment Application

We are an Equal Opportunity employer that does not discriminate in employment based on race, color, age, national origin, physical or mental handicap, ancestry, marital status, affectional or sexual orientation, military service, or any other characteristic protected by law. Finezi will endeavour to make a responsible accommodation to the physical or mental limitations of a qualified applicant with the disability unless the accommodation would impose an undue hardship to the operation of the business. If you require assistance to complete form or to participate in an interview, please let us know.

### Personal

---

|                   |                       |                  |
|-------------------|-----------------------|------------------|
| <b>First Name</b> | <b>Middle Initial</b> | <b>Last Name</b> |
|-------------------|-----------------------|------------------|

---

|                |                          |
|----------------|--------------------------|
| <b>Address</b> | <b>Number and Street</b> |
|----------------|--------------------------|

---

|             |              |                 |
|-------------|--------------|-----------------|
| <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|-------------|--------------|-----------------|

---

|                         |                               |
|-------------------------|-------------------------------|
| <b>Telephone Number</b> | <b>Social Security Number</b> |
|-------------------------|-------------------------------|

### General Information

#### Position Applied For

Type of employment desired: If employed, when can you start?  
Full-time Regular ( ) Part-time Regular ( ) Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Temporary ( )  
Shift: Day(\_\_\_\_\_) Evening(\_\_\_\_\_) Night(\_\_\_\_\_)

Are you legally authorized to work in the United States? Yes( ) No( )

Pursuant to the immigration reform and control act of 1986, all applicants, who are offered employment, must produce documents, which establish their identity and authorization for employment in the united States. These documents must be produced no later than seventy-two hours after commencement of employment. You will be required to sign INS Form I-9(issued by the federal government) verifying, under oath, your employment authorization.

Have you ever applied for employed previously by this Company? Yes( ) No( )  
If yes, when \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Are you under the age of 18? Yes( ) No( ) If yes what age?\_\_\_\_\_

List any acquaintances or relatives employed by this company:

---

|                              |                              |
|------------------------------|------------------------------|
| <b>Name and relationship</b> | <b>Name and relationship</b> |
|------------------------------|------------------------------|

---

**How were you referred to the position?**

**Have you ever been arrested or convicted of a crime?**

If so when: \_\_\_\_\_

\_\_\_\_\_  
Note: Disclosures of convictions does not automatically disqualify you from employment consideration.

**U.S Military**

\_\_\_\_\_  
Branch of U.S Military Service

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_

Condition of discharge

Describe any job related training, which will help you perform the duties for the position that you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Skills/training**

List any special skills or Training that you possess which help you perform the duties of position you are seeking:

\_\_\_\_\_

What office machines, warehouse or manufacturing equipment do you operate?

\_\_\_\_\_  
\_\_\_\_\_

Describe your knowledge of the use of computer and related Software:

\_\_\_\_\_  
\_\_\_\_\_

**Education Background**

\_\_\_\_\_  
High School name

Did You Graduate? Yes( ) No( )

\_\_\_\_\_  
Address

Major: \_\_\_\_\_

\_\_\_\_\_  
Graduate School Attended

Did You Graduate? Yes( ) No( )

\_\_\_\_\_  
Address

Major: \_\_\_\_\_ Degree \_\_\_\_\_

**Employment History**

Please list all part-time and full-time positions, giving present or most recent position first.

1. \_\_\_\_\_

|                                                                                     |                             |
|-------------------------------------------------------------------------------------|-----------------------------|
| Employee Name                                                                       | Employee Address            |
| _____                                                                               |                             |
| Your Job Title and Duties                                                           | Supervisors Name            |
| _____                                                                               |                             |
| Dates Worked                                                                        |                             |
| From: _____ / _____ / _____ To: _____ / _____ / _____                               |                             |
| Salary or Rate of Pay                                                               | Starting: _____ Final _____ |
| Reason for leaving _____                                                            |                             |
| May the above employer be contacted at this time for a reference? Yes ( ) No ( )    |                             |
| If not may the above employer be contacted after an offer is extended? Yes( ) No( ) |                             |
| _____                                                                               |                             |

2. \_\_\_\_\_

|                                                                                     |                             |
|-------------------------------------------------------------------------------------|-----------------------------|
| Employee Name                                                                       | Employee Address            |
| _____                                                                               |                             |
| Your Job Title and Duties                                                           | Supervisors Name            |
| _____                                                                               |                             |
| Dates Worked                                                                        |                             |
| From: _____ / _____ / _____ To: _____ / _____ / _____                               |                             |
| Salary or Rate of Pay                                                               | Starting: _____ Final _____ |
| Reason for leaving _____                                                            |                             |
| May the above employer be contacted at this time for a reference? Yes ( ) No ( )    |                             |
| If not may the above employer be contacted after an offer is extended? Yes( ) No( ) |                             |
| _____                                                                               |                             |

3. \_\_\_\_\_

|                                                                                     |                             |
|-------------------------------------------------------------------------------------|-----------------------------|
| Employee Name                                                                       | Employee Address            |
| _____                                                                               |                             |
| Your Job Title and Duties                                                           | Supervisors Name            |
| _____                                                                               |                             |
| Dates Worked                                                                        |                             |
| From: _____ / _____ / _____ To: _____ / _____ / _____                               |                             |
| Salary or Rate of Pay                                                               | Starting: _____ Final _____ |
| Reason for leaving _____                                                            |                             |
| May the above employer be contacted at this time for a reference? Yes ( ) No ( )    |                             |
| If not may the above employer be contacted after an offer is extended? Yes( ) No( ) |                             |
| Account for all periods of unemployment in excess of three(3) months:               |                             |
| _____                                                                               |                             |
| _____                                                                               |                             |

**Other:** Please note any additional job-related skills and qualifications you possess, which would help you perform the duties of the position you are seeking:

---

---

---

---

**Initial Conditions of Employment**

I have read and fully understand the questions asked in the application. I certify that all the answers given by me are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from this application or during an interview will result in immediate rejection of my application or if I am hired will cause for immediate dismissal. I authorize Finezi to contact all my employment references, and to enquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutes I have attended. I hereby release Finezi and all affiliated entities, as well as any person or institution that provides Finezi management with any information about me, from any and all liability whatsoever resulting from any such enquiry, investigation or communication.

If hired, I agree to abide by all the rules and regulations of Finezi, I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for special period of time. If hired, I understand that any employment will be on an up to 90 day introductory basis and that my employment may be terminated with or without cause and with or without notice at any time, at the will of Finezi , and me. I further understand that no representative or agent of Finezi other than the President of the Company has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the forgoing unless the agreement is in writing. In addition, I understand that Finezi and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change policies, procedures, benefits or other terms and conditions of employment.

---

Signature of applicant

Date:

(My signature above indicates that I have read and agree with the above conditions of employment, I also understand that this application will be kept active for the period of six (6) months. Thereafter, I will be required to complete a new application in order to be considered for employment).

**References:**

List three- (3) business related references that we may contact upon our extension of an offer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_