



Confidential Application for Employment

BESTLINK NETWORKARE IS AN EQUAL OPPORTUNITY EMPLOYER. OUR POLICY IS TO ABIDE BY ALL FEDERAL, STATE AND LOCAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY (WHERE THE PERSON IS ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS), VETERAN STATUS, MARITAL STATUS, CITIZENSHIP STATUS, OR OTHER PROHIBITED REASONS.

Personal Data

Date _____

Name (Print) _____
(Last) (First) (Middle Initial)

Present Address _____

(City) (State) (Zip)

Telephone Number: _____

Do You Have the Legal Right to Live and Work in the United States? Yes No

Have You Been Convicted of a Crime? Yes No

Job Interest

Position Applied For _____ Date Available _____

Education and Training

Education	Name and Location (City & State)	Graduated Yes or No
High School		
College		

Employment Experience

Please list positions you have held. List the most recent employment first.

Employer Name	
City & State	
Period of Employment	
Your Title and Duties	
Starting and Ending Salary	
Reason for leaving	

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City & State	
Period of Employment	
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Professional References

Please list the name, address and phone number of three business/academic references.

Name	Telephone No.	Address (City & State)	Relationship

I authorize BestLink Netware to communicate with persons listed as references, former employers, and any others with whom they desire to check. I agree to hold such persons harmless with respect to any information they may give about me. BestLink Netware will not contact your current employer unless specifically authorized.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of BestLink Netware, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either BestLink Netware or myself.

I understand that completion of this Application for employment does not guarantee employment by BestLink Netware.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this application for employment may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

Name (Print)

Signature

Date

Request for Verification of Education

I hereby authorize the educational institutions listed on the application for employment to release verification of my education.

Name (Print)

Signature

Date