



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Date of Application _____

Address _____ City/State/Zip _____

Telephone # _____ Cell # _____ Email _____

Position(s) applied for _____ Referral Source _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? Yes No

If you are under 18 & it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No If so, when? _____

Have you ever been employed by
Optio Solutions, LLC or Crosscheck, Inc.? Yes No If so, when? _____

Are you legally eligible for employment in the United States? Yes No

Date available for work: _____

Type of employment desired: Full-time Part-time Seasonal Temporary

Are you able to meet the attendance requirements of the position? Yes No

If no, please explain _____

Driver's License, if driving is an essential function of the job _____

Will you work overtime if required? Yes No If no, please explain

continued



Have you ever worked under another name? Yes No If yes, please provide these names:

Do you have any relatives who work for Optio Solutions, LLC or CrossCheck, Inc.? Yes No
If yes, who and in which department do they work?

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (check appropriate boxes. Include software titles and years of experience)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Presentation _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Email _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |



Employment History

Begin with your most recent employer and continue with the past ten years of employment.

_____ Employer		_____ Telephone #		Dates Employed From (mo/yr) _____ To (mo/yr) _____
_____ Street Address		_____ City	_____ State	
_____ Starting Job Title/Final Job Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
_____ Immediate Supervisor and Title				
_____ Reason for Leaving				
Summarize the type of work performed and job responsibilities				

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Employment History continued

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Summarize the type of work performed and job responsibilities			

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_____ Immediate Supervisor and Title			
_____ Reason for Leaving			
Summarize the type of work performed and job responsibilities			



Employment History continued

Please account for any gaps in your employment history.

Educational Background

<u>School</u>	<u>City, State, Zip</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>	<u>GPA</u>	<u>Major</u>
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Professional References

List the name and telephone number of three business/work references who are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

<u>Name</u>	<u>City, State, Zip</u>	<u>Relationship</u>	<u>Phone Number</u>
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Additional Information

List any professional, trade, business or civic associations. You may also list any special accomplishments, publications, awards, etc., or any other information you would like us to consider.



Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Optio Solutions is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Optio Solutions does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Optio Solutions' president.

I also understand that if I am hired, I will be required to provide proof of identity and authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

Print or Type Name