

POSITION DESIRED

DATE

Personal Information

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

STREET

CITY

STATE

ZIP

YEARS AT THIS ADDRESS

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

DRIVER'S LICENSE STATE/NUMBER

ARE YOU 18 OR OLDER? YES NO

Emergency Contact

CONTACT NAME

LAST

FIRST

MIDDLE

RELATIONSHIP TO YOU

ADDRESS

STREET

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

Additional Information

HAVE YOU APPLIED TO ZBUYER PREVIOUSLY? YES NO IF YES, WHEN?

HOW DID YOU LEARN ABOUT THE POSITION?

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?

DATE AVAILABLE TO START

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

zbuyer is an equal opportunity employer.

zbuyer requires employment verification and background checks to be done on all new hires. The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO

WAS THIS A FELONY? YES NO

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN

Education and Training

COLLEGE/UNIVERSITY NAME AND LOCATION

DID YOU RECEIVE A DEGREE? YES NO

IF YES, DEGREE RECEIVED:

HIGH SCHOOL/GED NAME AND LOCATION

DID YOU RECEIVE A DEGREE? YES NO

IF YES, DEGREE RECEIVED:

OTHER TRAINING (GRADUATE, TECHNICAL, VOCATIONAL)

AWARDS, HONORS, SPECIAL ACHIEVEMENTS

U.S. MILITARY OR NAVAL SERVICE YES NO

BRANCH

SPECIALIZED TRAINING

Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. 1= poor ability, while 5= exceptional ability.

SKILL	YEARS EXPERIENCE	ABILITY
<hr/>	<hr/>	1 2 3 4 5
<hr/>	<hr/>	1 2 3 4 5
<hr/>	<hr/>	1 2 3 4 5

ANY OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED

Employment History

List your current or most recent employer first.

EMPLOYMENT DATE (MONTH/YEAR) _____ REASON FOR LEAVING _____

NAME AND ADDRESS OF EMPLOYER _____

JOB DUTIES _____

EMPLOYMENT DATE (MONTH/YEAR) _____ REASON FOR LEAVING _____

NAME AND ADDRESS OF EMPLOYER _____

JOB DUTIES _____

EMPLOYMENT DATE (MONTH/YEAR) _____ REASON FOR LEAVING _____

NAME AND ADDRESS OF EMPLOYER _____

JOB DUTIES _____

References

CONTACT NAME _____

ADDRESS _____

CONTACT NAME _____

ADDRESS _____

RELATIONSHIP TO YOU _____

PHONE NUMBER _____

RELATIONSHIP TO YOU _____

PHONE NUMBER _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice. At any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing.

APPLICANT PRINTED NAME APPLICANT SIGNATURE DATE