



ROSE L. BRAND & ASSOCIATES, P.C.

APPLICATION FOR EMPLOYMENT

Rose L. Brand & Associates, P.C. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

IMPORTANT: All information on this application will be treated confidentially. Read Terms of Employment carefully.

Applicant Information:

Date of Application: _____

Please print all answers.

Name: (Last, First, Middle) _____

Prior names employed under and/or received educational degrees under: _____

Current Address: _____

E-Mail: _____ Mobile No: _____

Alternate Contact: _____ Phone No: _____

Please check the coordinating Y (yes) or N (no) for each item below:

Have you ever applied to or worked at Rose L. Brand & Associates, P.C. before? Y [] N []

>If yes, when? _____

Do you have any family/friends currently working for Rose L. Brand & Associates, P.C.? Y [] N []

>If yes, state name and relationship: _____ ; _____

How did you hear about this position? _____

Are you currently involved in any proceedings for bankruptcy or foreclosure? Y [] N []

Employment Desires:

Position(s) applying for: _____

What hours are you available to work? _____

What days are you available to work? _____

Salary required: _____ Available start date: _____

In considering your application are there any prior commitments (school, second job, prior planned vacations, etc.) you have that could potentially prevent you from working a full time schedule, now or in the future? Y [] N []

>If so when and what time off would you like considered? _____

Are you 18 years of age or older? Y [] N []

Are you legally eligible to accept employment in the United States? Y [] N []

(Proof of identity and eligibility will be required upon employment.)

If needed, are you available to work overtime? Y N
 If needed, are you available to work weekends? Y N
 If applying for a position that requires driving, do you have a valid Driver's License? Y N
 Do you have reliable means of transportation? Y N

Are you a Notary? Y N Expiration Date: _____ State(s): _____

Typing: Approximate WPM _____

Rate yourself on the following computer applications by stating your skill level.

| Program Name | Not at All | Beginner | Proficient | Very Proficient | Expert |
|----------------------------------|------------|----------|------------|-----------------|--------|
| Microsoft Word 2013 | | | | | |
| Microsoft Excel 2013 | | | | | |
| Microsoft Outlook 2013 | | | | | |
| Adobe Acrobat | | | | | |
| ProLaw | | | | | |
| Internet | | | | | |
| LPS | | | | | |
| Vendorscape | | | | | |
| NDS | | | | | |
| Res Net | | | | | |
| Equator | | | | | |
| Odyssey | | | | | |
| Other Software Program(s) | | | | | |
| | | | | | |
| | | | | | |

Can you, with or without reasonable accommodations, perform the essential functions of this job? Y N

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? Y N

>If yes, please describe:

State any additional skills/information you believe may be helpful to us in considering your application:

Education:

High School _____ Year graduated **or** no. of years completed _____
 GPA _____ City, State _____

College _____
 Year graduated **or** no. of years completed _____
 Degree received _____ **or** Year last attended _____ GPA _____
 City, State _____

Graduate Work _____
 Year graduated **or** no. of years completed _____
 Degree received _____ **or** year last attended _____ GPA _____
 City, State _____

List any academic honors, extracurricular activities, offices held, etc. that you have received/participated in during high school or college (**omitting** any which reflects your race, religion, age, sexual orientation, marital status and/or disabilities):

Employment History: (Must be completed even if on resume)

Are you currently employed? Y N
If so, may we inquire of your present employer? Y N

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____
Eligible for rehire? Y N
Starting Salary: _____ Ending Salary: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____
Eligible for rehire? Y N
Starting Salary: _____ Ending Salary: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____
Eligible for rehire? Y N
Starting Salary: _____ Ending Salary: _____
Comments regarding lapses in employment, if applicable:

List all Employers within last 7 years - If additional space is needed, list on back or an additional sheet of paper.

REFERENCES:

Professional:

| Name | Relationship | Phone Number | Company Name | City and State |
|------|--------------|--------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |

Personal:

| Name | Relationship | Years Known | Phone Number |
|------|--------------|-------------|--------------|
| | | | |
| | | | |
| | | | |

Terms of Employment

Important – Please thoroughly read

I certify that the above information is correct and I understand that if employed I may be subject to dismissal for falsifying the information on the employment application. I hereby authorize my former employers to release any and all information pertaining to my work record, my work habits, and my work performance while in their employ.

I understand and agree that the office manual which I will receive, if employed by Rose L. Brand & Associates, will not constitute an employment contract, but will be merely a gratuitous statement of Rose L. Brand & Associates, P.C.’s current policies.

I understand, if hired, my employment with Rose L. Brand & Associates, P.C. is “At Will” employment and can be terminated anytime by Rose L. Brand & Associates, P.C. with or without notice and with or without cause.

DATE

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

ROSE L. BRAND & ASSOCIATES, P.C.

CONFIDENTIALITY AGREEMENT

If hired, as a condition of employment with Rose L. Brand & Associates, P.C., I understand and agree to the following:

1 All information which I receive in connection with my job is the property of either my employer or clients of my employer. I expressly agree that all such information will be held in strict confidence.

2 I further understand and agree that if I release any confidential information referred to in Paragraph 1, other than to other employees of Rose L. Brand & Associates, P.C., or as directed by my employer or its clients, my employment may immediately be terminated.

3. I also understand that this Confidentiality Agreement neither expressly nor implicitly creates a contract for employment. If hired, my employment may be terminated, either by me or by my employer, for any reason, at any time, with or without notice. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

4. All candidates for employment must have a valid driver's license with a satisfactory driving record.

5. In connection with my application for employment with Rose L. Brand & Associates, P.C., a Motor Vehicle report, which may contain public information, is being requested. By submitting the completed application form, I therefore authorize, without reservation, any party or agency contacted to furnish this information. I authorize investigation of all statements contained in this application. I further understand that if offered a position with the company, I will be required to complete immigration form I-9 and produce any documentation required by law as a condition of my continued employment.

DATE

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

ROSE L.BRAND & ASSOCIATES, P.C.

Consumer Report Notice & Authorization Pursuant to the Fair Credit Reporting Act of 1970, 15 U.S.C. § 1681, et seq.

NOTICE: Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Rose L. Brand & Associates, P.C. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Rose L. Brand & Associates, P.C. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

By signing this form, you are giving consent to have your consumer reports furnished by consumer reporting agencies (1) as part of an investigation to determine your fitness for employment at Rose L. Brand & Associates, P.C. and (2) for any other employment purposes that may arise in the future during the course of your employment with Rose L. Brand & Associates, P.C.

IMPORTANT: Do not fill below section unless otherwise advised

SOCIAL SECURITY NUMBER

PRINTED NAME OF APPLICANT

DATE OF BIRTH

SIGNATURE OF APPLICANT

DATE

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING

CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Rose L. Brand & Associates, P.C., the Company, in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Rose L. Brand & Associates, P.C. and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current illegal use of drugs or drugs that I do not have a valid prescription for that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____