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| https://lh5.googleusercontent.com/ePTXHG9_t6nYCcZTvqltrprnBZhWd2dDInMWsZwBNiD63NtYDnFvbPtRrsDXiy_wS3Vucjx_XqwMTCwMM9BC_drrHnLzxJ-NdI-jhV_lRdQa0MFoHMQsPOZ65CUZX6Vf0rm8UHY | POMPHREY CONSULTING, LLC  APPLICATION FOR EMPLOYMENT   |  | | --- | | IMPORTANT Instructions for completing the application form. | | 1. Type or print clearly in black or blue ink. 2. Answer every question fully and accurately. If not applicable, please put N/A. 3. All information provided by the candidate will be verified. 4. If an offer of employment is made to you, Pomphrey Consulting, LLC may declare that the offer is contingent upon the successful results of references, and/or background check. 5. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.** 6. Read certification and releases carefully before signing. 7. Submit completed application and resume to https://www.pomphreyconsulting.com/careers.html | | **This application will be kept on file for one year but applicants are responsible for applying for each vacancy for which there is an interest in being considered.** | |

**WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

**It is the policy of Pomphrey Consulting, LLC to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender.**

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| **PERSONAL INFORMATION** | | | | | | |
| Name (First) (Middle) (Last)  Mr.  Ms. | | | | | E-Mail Address | |
| Address (Street, City, State Zip Code) | | Personal Cell Phone | | | | Home Telephone Number |
| Please select your availability  Full time work  Part time work | How many hours can you work per week? | | | Best time to contact you (include your timezone): | | |
| Are you authorized to work in the U.S. on an unrestricted basis? YES  NO | | | Are you over 18 years or older? YES  NO | | | |
| Who referred you?  Employment Agency  Employee  Newspaper advertisement  Other Internet job site  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **EMPLOYMENT DESIRED** | |
| Position Applied For: | How soon can you start if a job offer is made? |
| Have you worked for the Pomphrey Consulting before?  NO YES Dates: | Starting salary desired |
| In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **EDUCATION** | | | | |
| Name of School | Location  City State | Main Course of Study | Did you Graduate | Degree |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| List any additional education or training:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| CERTIFICATIONS AND LICENSES | | | |
| List any professional licenses, registrations or certifications you possess: | | | |
| License | Number | Date Issued | Date Issued |
| License | Number | Date Issued | Date Issued |
| License | Number | Date Issued | Date Issued |

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| **PROFESSIONAL REFERENCES (not personal)**: List 3 people not related to you who can comment on your work performance. | | | | |
| Name | Address | Occupation | Telephone Number | Years Acquainted |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

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| EMPLOYMENT HISTORY Are you employed now? Yes  No | **COMPLETE ALL INFORMATION IN FULL**. All applicants must complete this page even if they are also submitting a resume. Begin with your most recent employment, including any present employment. Your present employer **will not** be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained. | | |
| Company Name | | | May we contact?  Yes  No |
| Street Address Telephone | | | Specific Duties |
|  |
| City & State ZIP (Postal) Code | | |  |
|  |
| Job Title | | |  |
|  |
| Supervisor | | |  |
|  |
| From To  Dates Employed: | | Salary | Reason for Leaving |
| Company Name | | | May we contact?  Yes  No |
| Street Address Telephone | | | Specific Duties |
|  |
| City & State ZIP (Postal) Code | | |  |
|  |
| Job Title | | |  |
|  |
| Supervisor | | |  |
|  |
| From To  Dates Employed: | | Salary | Reason for Leaving |
| Company Name | | | May we contact?  Yes  No |
| Street Address Telephone | | | Specific Duties |
|  |
| City & State ZIP (Postal) Code | | |  |
|  |
| Job Title | | |  |
|  |
| Supervisor | | |  |
|  |
| From To  Dates Employed: | | Salary | Reason for Leaving |

**AFFIRMATIVE ACTION DATA RECORD**

THIS IS A CONFIDENTIAL INSERT

**APPLICANTS ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE**

Pomphrey Consulting, LLC is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, Pomphrey Consulting, LLC will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit your form directly to *Julie.Guieb@PomphreyConsulting.com.*

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

**(PLEASE PRINT)**

***This information is furnished on a voluntary basis.***

|  |  |
| --- | --- |
| Name First Middle Last | |
| Address Street City State Zip | |
| Telephone Number (s) |  |
| **CHECK ONE** Male  Female | |
| Check one of the following:**(Race**)  White  Black  Hispanic  Asian/Pacific Islander  Native American (American Indian or Alaskan Native)  (If Native American, please attach documentation of tribal affiliation) | |
| Check all that apply :  Veteran  Disabled Veteran  Vietnam Era Veteran  Dates of Service: to Branch: | |
| Check if the following is applicable:  Person with a disability  A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. (“Major Life Activities” includes but is not limited to functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. | |

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Applicant Signature Date