



## EMPLOYMENT APPLICATION

### APPLICANT NOTE

Synergistic Systems Inc. (dba SynergisticIT) is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference or physical or mental disability.

PERSONAL			
Last Name	First	MI	Social Security #
Other Name(s) Used			Home Telephone # ( )
Current Address		How Long?	Business Telephone # ( )
Prior Address		How Long?	Drivers License #
Position Applying For		Referred By	Salary Desired

PREVIOUS EMPLOYERS			
<b>Most Recent Employer</b>			
Company Name		Street Address	City, State & Zip
Dates Employed From To		Job Title	Supervisor Name
Duties			
Salary Starting Ending		Reason For Leaving	
<b>Second Most Recent Employer</b>			
Company Name		Street Address	City, State & Zip
Dates Employed From To		Job Title	Supervisor Name
Duties			
Salary Starting Ending		Reason For Leaving	
<b>Third Most Recent Employer</b>			
Company Name		Street Address	City, State & Zip
Dates Employed From To		Job Title	Supervisor Name
Duties			
Salary Starting Ending		Reason For Leaving	

REFERENCES		
Name	Email Address / Phone	Years Known / Relationship
1.		
2.		

EDUCATION			
Name	City / State	Graduation Date	Degree Received / Major
High School			
College			
Other			

**CERTIFICATION AND RELEASE**

I certify that all information I have provided in order to apply for and secure work with the employer, is true complete and correct. 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 cancel further consideration of this application, or immediate discharge from the employer's service, whenever it is discovered. I further agree that in consideration of the efforts undertaken by Synergistic Systems, Inc. (SSI) on my behalf, I will not directly or indirectly solicit, divert or take away any of the customers, business or patronage of such customers as were identified to me by SSI in an effort to employ me. Said prohibitions shall continue for a period of six (6) months from the date of this application is executed.

Signature	Date
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