



Employment Application

Personal Information

Last Name Name	First Name	Middle	Today's Date:
Address (Street, City, State, ZIP Code)			Home Phone: ()
			DOB
Desired Position			Desired Salary
Special Training or Abilities (experience with computers, etc.)			Date Available:
Register in Full Time or Part Time:			If Partial Time, ¿What Time?
Are you legally allowed to work in the United States?			SSN:

Employment History

Recent or Current Job:	Phone (required for verification) ()
Address:	Date of Employment (Month and Year) From ____ To ____
Name of Supervisor/ Title	Salary: First _____ Last _____
Job Title Description of the Job:	Cause of Leaving: ¿May We Contact? Y N

By signing this application, I agree that I am qualified with the requirements for the description of the work that I am applying for and do not require any accommodation.

Signature

Date

***Please read and sign the "Declaration of Liberation" on back cover.**





Declaration of Liberation

I hereby authorize any **SCMG CORP DBA Canales Furniture** authorized representative to collect information for consideration of my employment. I authorize any business, school, government agency, reports from the agency or any person to whom an inquiry may be made to provide responses or credit reports and to release those entities from any and all claims, damages and rights of action arising from such inquiries, responses or results.

This authorization includes the release of any and all information held by any relevant party in its possession or may have in the future or under its control, concerning the application for employment or the employment of the undersigned, including time records, Payroll records and benefits, attendance records, workers' compensation reports, job evaluations, and any other employment information. I also authorize the publication of any requested information regarding facts or opinions of my employment, experience and qualifications or aptitude for employment.

Always release me and agree not to sue any person or organization for the result of providing, obtaining or acting on such information. I understand that such information is requested confidentially and will not be released to me in any form.

In addition, this version is valid until revoked in writing and a copy or fax of this authorization is as valid as the original and must be recognized as such.

Name Print

Signature

Date

