



1350 W. 5th Avenue, Suite 224 • Columbus, Ohio 43212  
 1221 Brickell Avenue, 9<sup>th</sup> Floor • Miami, Florida 33131  
 Phone: 800-515-9896 • Fax: 800-559-6402  
 mail@ falconpaymasters.com

**EMPLOYMENT APPLICATION FORM**

PLEASE **PRINT** ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

*Falcon Enterprises, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nationality, origin, marital status, ancestry, citizenship, veteran status, sexual orientation, physical or mental disability.*

Name: \_\_\_\_\_  
Last First Middle Maiden Name

Present address: \_\_\_\_\_  
Number Street City State Zip

How long: \_\_\_\_\_ If less than 7 years, previous addresses for the past 7 years:

---



---



---

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If under 18, please list age: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any known medical conditions that would prevent you from performing your assigned responsibilities.  Yes  No

Do you have a driver's license?  Yes  No Driver's License number: \_\_\_\_\_ State of issue \_\_\_\_\_

Type:  Operator  Commercial (CDL)  Chauffeur Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No If Yes, how many? \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes  No If Yes, how many? \_\_\_\_\_

Have you ever been convicted of a crime:  Yes  No

If Yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_  
(Need more room, please write on the back of this page)

Position applied for: \_\_\_\_\_ Days/hours available to work: \_\_\_\_\_

**MILITARY:**

Have you ever been in the Armed Forces?  Yes  No Branch of Service: \_\_\_\_\_

Are you now a member of the National Guard?  Yes  No

Rank: \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date: \_\_\_\_\_

---

WORK EXPERIENCE: Please list your work experience for the past three employers beginning with your most recent job held. If you were self employed, give firm name. **If you have an established work history with Mills James Productions listed below, it isn't necessary to list additional work history.**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment dates: Start: \_\_\_\_\_ Final: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Your last job title: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment dates: Start: \_\_\_\_\_ Final: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Your last job title: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment dates: Start: \_\_\_\_\_ Final: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Your last job title: \_\_\_\_\_ Reason for leaving (be specific): \_\_\_\_\_

May we contact your former employers?  Yes  No

Is there any information we would need about your name or use of another name for us to be able to check your work?  
 Yes  No If Yes, explain: \_\_\_\_\_

Did you complete this application yourself?  Yes  No  
If not, who did? \_\_\_\_\_

REFERENCES: Please list two references other than relatives or previous employers. (PLEASE PRINT)

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Please list any additional information such as licenses, professional degrees, etc that you hold and consider important for the job to which you have applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**PLEASE READ BEFORE SIGNING**

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract or offer of employment. I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job \_\_\_\_\_ **(Initials)**.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information. \_\_\_\_\_ **(Initials)**.

I understand that, as a condition of employment, I may be required to sign an Employment Agreement and/or a Confidentiality Agreement and/or Disclosure Agreements as a condition of employment. \_\_\_\_\_ **(Initials)**.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

Additional documents that may be required during the course of the application process or employment (if offered):

- Authorization to obtain a Consumer Credit Report
- A Summary of Your Rights Under the Fair Credit Reporting Act
- Applicant Consent Form to Investigate and Disclose Data
- Employment Background Investigation Authorization
- Release and Disclaimer From Drug Testing