

PERSONAL INFORMATION

NAME (LAST):	(FIRST)	(MIDDLE INITIAL)	D/	ATE OF BIRTH:		
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:			
PRIMARY PHONE:	SECONDARY PHONE:	EMAIL ADI	DRESS:			
ARE YOU LEGALLY PERMITTED TO WORK	N THE UNITED STATES? YES	NO				
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS? (California applicants are not required to disclose the existence of any criminal charges or convictions that have been erased, expunged, or sealed. California applicants are not required to disclose misdemeanor convictions involving marijuana or controlled substances as described in California Labor Code section 432.8 that are more than two years old and misdemeanor convictions for which probation has successfully been completed or discharged, and that have been judicially dismissed. YES NO						
(A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR).						
POSITION						
POSITION DESIRED:	ARE YOU INTERESTEI	D IN:FULL-TIME	PART-TIN	AE OTHER		
Are you able to perform the essential functions of the position you are applying for: YES NO						
Nage Desired: Date Available:						
EDUCATION AND TRAINING						
High School Graduate or General	Education (GED) Test Passed?	YES	NO			
If NO, list the highest grade completed:						
COLLEGE, BUSINESS SCHOOL, MILITARY SERVICE (MOST RECENT FIRST):						
NAME & LOCATION:	DATES ATTENDED (Mo/Yr):	MAJOR: DI	PLOMA / DEGREE	RECEIVED Y/N:		
			YES	NO		
			YES	NO		
			YES	NO		

SPECIAL SKILLS

List all pertinent skills and equipment that you can operate:



APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE (MOST RECENT FIRST)

EMPLOYER:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
ADDRESS:	DATES EMPLOYED:	LAST WAGE EARNED:	
POSITION:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER?	
		YES NO	
SUMMARY OF DUTIES:			
EMPLOYER:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
ADDRESS:	DATES EMPLOYED:	LAST WAGE EARNED:	
POSITION:	REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER?	
		YES NO	
		TES NO	
SUMMARY OF DUTIES:		TES NO	
SUMMARY OF DUTIES: EMPLOYER:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
	TELEPHONE NUMBER: DATES EMPLOYED:		
EMPLOYER:		SUPERVISOR'S NAME:	
EMPLOYER: ADDRESS:	DATES EMPLOYED:	SUPERVISOR'S NAME: LAST WAGE EARNED:	
EMPLOYER: ADDRESS:	DATES EMPLOYED:	SUPERVISOR'S NAME: LAST WAGE EARNED: MAY WE CONTACT THIS EMPLOYER?	

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE CONSIDERED GROUNDS FOR TERMINATION.

I AUTHORIZE FAST INTENTIONS INC. TO THORUGHLY INVESITAGE MY WORK EXPERIENCE AND ANY OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT. I FURTHER AUTHORIZE MY FORMER EMPLOYERS TO DISCLOSE TO THE COMPANY ANY AND ALL INFORMATION THEY MAY HAVE CONCERNING MY PREVIOUS EMPLOYMENT. ADDITIONALLY, I HEREBY RELEASE FAST INTENTIONS INC., MY FORMER EMPLOYERS, AND ALL OTHER PERSONS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF, OR IN ANY WAY RELATED TO SUCH DISCLOSURE.

I ACKNOWLEDGE THAT, IF EMPLOYED, BOTH THE COMPANY AND I HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE.

Signature	of Ap	plicant:
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Date: _____