



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

SAGE TECHNOLOGY SOLUTIONS INC. IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL BE CONSIDERED WITHOUT UNLAW DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS. SAGE TECHNOLOGY SOLUTIONS, INC. IS AN AT-WILL EMPLOYER.

Name \_\_\_\_\_  
Last First MI  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

If necessary, best time to reach you at home is: \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number and best time to call:  
Phone Number \_\_\_\_\_ Time: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  NA  Yes  No

Have you submitted an application here before?  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, give dates From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date Available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay? \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time

Will you travel if job requires it?  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:  
# \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

If explained to you, are you able to meet the physical job requirements of this position?  N/A  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for, will be taken into account.

Have you ever pled "guilty" or "no contest" to or have been convicted of a crime?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone	Date employed	to
Street Address	City	State	Compensation (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting Job Title/Final Job Title	Commission/Bonus/Other Compensation		
Immediate Supervisor and title (for most recent position held)	May we contact reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later	Compensation (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per	
Why did you leave?	Commission/Bonus/Other Compensation		

Summarize the type of work performed and job responsibilities

What did you like most about your position?

What did you like least about your position?

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Summarize the type of work performed and job responsibilities

What did you like most about your position?

What did you like least about your position?

# Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City and State)	Years Completed	Completed	Completed
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

# References

List names and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

# Military Experience

U.S. Military or Naval Service	Dates of Service	Type of Discharge	Rank	Present Memorship in National Guard or Reserves

IN CASE OF EMERGENCY NOTIFY:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

# Referral Source (please check appropriate category and name the source)

Employee: \_\_\_\_\_
  Advertisement: \_\_\_\_\_  
 Other: \_\_\_\_\_

## DRUG & ALCOHOL POLICY

Sage Technology Solutions, Inc. has a Drug and Alcohol Policy that includes Pre-Screening of potential employees. Prior to hire, we ask all prospective employees to be pre-screened at the expense of Sage Technology Solutions, Inc. Additionally, drug testing may be required during employment in accordance with our policy.

A positive test result during pre-screening will result in no further consideration given to the candidate for employment. A positive test result during employment will be handled in accordance with the stated policy and the consequences may include dismissal.

I have read and understand the information regarding Sage Technology Solutions, Inc. Drug and Alcohol Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## POTENTIAL EMPLOYEE'S CERTIFICATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements or omissions from this application shall be grounds for rejection of this application, or if hired, for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from liability for any damage that may result from furnishing same to you.

As an employee, I am employed at will and further understand and agree that, if hired, my employment is for no definite period and my employment, regardless of the date of payment of my wages and salary, may be terminated at any time and for any or no reason without prior notice. I further agree to comply with all Sage Technology Solutions, Inc. policies, procedures and management directives if I am hired by Sage Technology Solutions, Inc.

I hereby acknowledge that I have read and understand the above statement."

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Waiver Form

I hereby authorize Sage Technology Solutions, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or, in any way related to such investigation or disclosure.

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Signature of Employee

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Date