



LEESHANOK NETWORK SOLUTIONS
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 3877 N 7th Street, Suite 330, Phoenix, AZ 85014
 Tucson: 520.888.9122 Phoenix: 602.277.5757
 Fax: 866-549-8996 careers@leeshanok.com

Employment Application

An equal opportunity employer

Personal Information

Last Name	First Name	Middle Initial	Date
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Other names by which you have been known	Date of Birth	Social Security Number
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Home Phone	Business Phone	E-mail Address
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Street Address	City	State	ZIP Code
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Previous Address (if at current address less than 5 years)	Driver's License Number/State
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Emergency Contact	Address	Phone Number
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Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you either a U.S. Citizen or an alien authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date, place, offense, and explain below:
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(Previous convictions do not necessarily disqualify an applicant from employment)	

How were you referred to LeeShanok Network Solutions?

Have you ever been employed or contracted by LeeShanok in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time	Part-Time
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If Yes, what position did you hold and when?	Position	When
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Desired Employment

Position	Salary Desired	Date Available
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Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Education

School	Name and Location of School	No. of Years Attended	Major	Degree	Did you Graduate?
High School					
College/University					
Technical/Trade					
Additional Education/Certification					

Employment History

(Please completely fill out the following information even if a resume is being attached. List the most recent employer first)

Company Name		Street Address			
City	State	ZIP Code	May we contact employer?	Yes	No
Starting Job Title		Final Job Title			
Starting Date	Leaving Date	Starting Rate of Pay	Ending Rate of Pay		
Supervisor's Name and Title			Phone Number		
Description of Job Duties					
Reason for Leaving or Reason Why You're Considering Leaving					

Company Name		Street Address			
City	State	ZIP Code	May we contact employer?	Yes	No
Starting Job Title		Final Job Title			
Starting Date	Leaving Date	Starting Rate of Pay	Ending Rate of Pay		
Supervisor's Name and Title			Phone Number		
Description of Job Duties					
Reason for Leaving					

Company Name		Street Address			
City	State	ZIP Code	May we contact employer?	Yes	No
Starting Job Title		Final Job Title			
Starting Date	Leaving Date	Starting Rate of Pay	Ending Rate of Pay		
Supervisor's Name and Title			Phone Number		
Description of Job Duties					
Reason for Leaving					

Business References

Name	Company	Address

Phone Number	Business Relationship	How Many Years?

Name	Company	Address

Phone Number	Business Relationship	How Many Years?

Name	Company	Address

Phone Number	Business Relationship	How Many Years?

Do you have any physical limitations that preclude you from performing any work for which you are being considered?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what can be done to accommodate your limitations?	Yes	No

Were you ever seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, describe the injuries.	Yes	No	

What foreign languages do you speak fluently	
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Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorized verification of information provided on this application and authorize the references listed above to give you all pertinent information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing information to LeeShanok Network Solutions. In consideration of my employment, I agree to conform to the rules and regulations of LeeShanok Network Solutions. I understand and agree that I may be requested to take one or more physical examination, lie detector, and substance test as a condition of hiring or continued employment. I agree to consent to such test(s) at such time as designed by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connect with such test(s). I further agree that either I or the Company may terminate my employment with or without cause and with or without notice, at any time. Finally, I understand that no representative of the Company other than an Executive Offer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise after the foregoing.

Signature	Date
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Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment (including contracts for service), LeeShanok Network Solutions will use an outside agency to research and verify information I have provided. I hereby authorize LeeShanok Network Solutions and/or other entity directed by LeeShanok Network Solutions prior to or at any time after my employment commences to obtain a consumer report for employment purposes. I understand this consumer report may include inquiries regarding my work history; court records, including criminal convictions record, as permitted by law; driving history; verification of Social Security Number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies, and other persons or entities having information about me to provide such information to LeeShanok Network Solutions or other entities that obtains information for LeeShanok Network Solutions. I further release LeeShanok Network Solutions, its employees, officers, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by LeeShanok Network Solutions or a contract with LeeShanok Network Solutions. I further understand that no representative of LeeShanok Network Solutions other than an Executive Officer has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter LeeShanok Network Solutions' At-Will Employment Policy.

Date: _____

Print Name: _____

Applicant Signature: _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed by:	Date
Comments	

Interviewed by:	Date
Comments	

Interviewed by:	Date
Comments	

Hire Date:	Position:
Salary Wages	Supervisor:
Comments:	
Approval	Date
Approval	Date