



50 Glenlake Parkway | Suite 425  
 Atlanta, Georgia 30328  
 TEL 770-709-6380 | FAX 770-709-6351  
 WEB [www.polarisstaffing.com](http://www.polarisstaffing.com)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
		E-mail Address	
Date Available			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone

**PREVIOUS EMPLOYMENT (PLEASE START WITH YOUR MOST RECENT EMPLOYERS). PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT)**

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?      YES       NO

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

**MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**REFERRAL SOURCE**

Please tell us how you were referred to us:

Have you ever been employed by Polaris before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICANT ACKNOWLEDGEMENT**

I have reviewed the information provided on this application and acknowledge by my signature below that it is true, complete, and accurate.

I understand my employment or continued employment with Polaris Financial Staffing, LLC is contingent upon successful completion of any reference, employment and/or drug screening. I further understand that all statements made by me in connection with my application for employment may be checked by Polaris Financial Staffing, LLC and that any misstatements or omissions in this application, regardless of the time of discovery, may result in a decision not to hire me, or to discharge me if discovered after I am hired. I authorize Polaris Financial Staffing to contact my prior employers and other sources of information regarding my background, and I authorize each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify Polaris Financial Staffing, LLC and any of my prior employers or any other sources of information contacted for , and agree to hold them harmless from, any claims arising from the disclosure of information concerning my prior employment and background.

I agree that, if at any time during my application and interviewing process, I believe I have been subjected to improper discrimination or harassment, I will immediately contact a Polaris manager or a Corporate Human Resources Representative immediately to obtain assistance in resolving the matter.

I understand that should I receive an offer of employment from Polaris Financial Staffing LLC, I may be required to sign a Non-Solicitation and/or Confidentiality Agreement as a condition of my employment.

I acknowledge that this application does not constitute an agreement or contract for employment. I understand that if Polaris Financial Staffing hires me my employment will be on an "at will" basis. Polaris Financial Staffing, LLC may terminate my employment at any time, with or without cause, and I may resign at any time, with or without cause, unless otherwise agreed in writing in a separate agreement signed by myself and an authorized representative of Polaris Financial Staffing, LLC.

Consultant or Temporary Employee Applicants Only: I understand Polaris Financial Staffing LLC's client(s) may require me to consent to a drug test, background check, consumer report and/or investigative consumer report ("Investigations") prior to commencing services. If such Investigations are conducted directly by Client(s), my signature below indicates that I consent to release for the results to Polaris Financial Staffing, LLC and that any authorization or release form I sign shall be deemed to include consent for Polaris Financial Staffing, LLC to receive the results. I agree that this page of my Application may be presented to Client(s) as notice of my express written consent to release of the results of Investigations to Polaris Financial Staffing, LLC. I agree to cooperate with Polaris Financial Staffing, LLC and to take many further reasonable steps required to ensure the results of Investigations are released to Polaris Financial Staffing, LLC.

Polaris Financial Staffing, LLC is an Equal Opportunity Employer and, as such, does not discriminate on the basis of race, color, religion, gender, national origin, disability, age or other protected status. If you need reasonable accommodation during the application or interviewing process, please let us know.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Name (Signature)

\_\_\_\_\_  
Date (MM/DD/YYYY Format)

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION – NOT REQUIRED**

The following questions are included only because of government regulations, and you do not have to answer them. As an Equal Opportunity Employer, the Firm does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. Submitting this information is purely voluntary. If you choose to submit it, it will be kept confidential to the extent provided by law. Not returning this form or leaving any section blank is treated as deciding not to disclose the information, which is your right.

EEO / AA Data	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Race/Ethnicity (Check one)	
White (Not of Hispanic Origin) <input type="checkbox"/>	Black (Not of Hispanic Origin) <input type="checkbox"/>
Hispanic <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>
American Indian or Alaskan Native <input type="checkbox"/>	
_____	_____
Applicant Name – Please Print	Date (MM/DD/YYYY Format)