



Duran Human Capital Partners
 300 Orchard City Dr. suite 142
 Campbell, CA 95008

Tel. 408-540-0070
 Fax 408-540-0073
www.duranhcp.com

APPLICATION FOR EMPLOYMENT

Important: Please read the entire form before you begin filling it out. Answers should be typed or printed legibly. This application must be completed in its entirety and is subject to verification before any offer of employment may be considered. **Resumes will not be accepted in lieu of any information required on this form.**

PERSONAL			
Last Name	First	Middle	Phone Number (Home) ()
Current Address:	City	State	Zip Phone Number (Message) ()
Permanent Address (If different from current address)	City	State	Zip Phone Number (Current Employer) ()
Were you employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name.	Social Security Number		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	How, or by whom, were you referred to us? <input type="checkbox"/> Job Fair <input type="checkbox"/> External Agency <input type="checkbox"/> Recruiter <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> Employee _____		
Have you been previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location	From (Mo./Yr.)	To (Mo./Yr.)	If you are hired you will have to present evidence of your right to work in the United States no later than three days after commencement of your employment.
Position desired:	Availability <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shift preference if applicable: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard		
Date available	Salary Expectations (Circle) Hr/Mo/Yr		
In Emergency Notify: Address:	Phone No.: ()		
Are there any individuals employed by Duran HCP who you know? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and relationship below. Having a friend or relative who works for Duran HCP will not disqualify you from employment, but Duran HCP may not place you in a direct supervisory or reporting relation ship to a relative.			
Will you relocate if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographic Exclusions		
Have you ever been convicted of a felony? (Record of conviction will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the nature of the crime(s), when, and where convicted and disposition of the case (such factors as time of the offense, seriousness, nature of violation, and rehabilitation will be considered.)			
Do you have any physical conditions or handicaps which you may need special accommodations to perform the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe accommodation required.			

WORK EXPERIENCE

List all employment for the last ten years, beginning with the most recent including part-time and self-employment. Also account for periods of unemployment.

Employer	Type of Business	From (Mo./Yr.)	To (Mo./Yr.)
Address	City State Zip	Starting Base Pay \$	(Circle) Hr/Mo/Yr
Name of Supervisor	Supervisor's Title Telephone Number ()	Final Base Pay \$	(Circle) Hr/Mo/Yr
Starting Position	Last Position	Other Compensation: O.T.	
Description of Duties		Bonus	
		Stock	
		Other	
		Reason for Leaving:	
Employer	Type of Business	From (Mo./Yr.)	To (Mo./Yr.)
Address	City State Zip	Starting Base Pay \$	(Circle) Hr/Mo/Yr
Name of Supervisor	Supervisor's Title Telephone Number ()	Final Base Pay \$	(Circle) Hr/Mo/Yr
Starting Position	Last Position	Other Compensation: O.T.	
Description of Duties		Bonus	
		Stock	
		Other	
		Reason for Leaving:	
Employer	Type of Business	From (Mo./Yr.)	To (Mo./Yr.)
Address	City State Zip	Starting Base Pay \$	(Circle) Hr/Mo/Yr
Name of Supervisor	Supervisor's Title Telephone Number ()	Final Base Pay \$	(Circle) Hr/Mo/Yr
Starting Position	Last Position	Other Compensation: O.T.	
Description of Duties		Bonus	
		Stock	
		Other	
		Reason for Leaving:	
Employer	Type of Business	From (Mo./Yr.)	To (Mo./Yr.)
Address	City State Zip	Starting Base Pay \$	(Circle) Hr/Mo/Yr
Name of Supervisor	Supervisor's Title Telephone Number ()	Final Base Pay \$	(Circle) Hr/Mo/Yr
Starting Position	Last Position	Other Compensation: O.T.	
Description of Duties		Bonus	
		Stock	
		Other	
		Reason for Leaving:	

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS	MAJOR/MINOR	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
OTHER					

List Licenses Held: (Professional Engineer, Electrician, etc.)

List publications, inventions, patents or scientific awards received: (If additional space required, use back page of application.)

List job related organizations, clubs, professional societies or other associations to which you belong (Not those denoting race, religion, national origin, color, ancestry, sex, or age):

RELATED SKILLS

CLERICAL SKILLS:

Typing W.P.M.	Office Equipment	Software
Supervisory	Other	

U.S. MILITARY

Branch of Service	From (Mo/Yr) To (Mo/Yr)	Rank/Rate	Duties

REFERENCES

List three business references that we may contact who are qualified to evaluate your work experience:

NAME	BUSINESS RELATIONSHIP	COMPANY NAME	YRS. KNOWN	PHONE NUMBER
				()
				()
				()

Comments:

IMPORTANT: Thank you for your interest in employment with Duran HCP. We comply with all federal, state, and/or local laws that prohibit discrimination in employment based on race, religion, color, age, sex, national origin, disability, medical condition, marital status, or veteran status. Information supplied in this application will not be used to discriminate against any individual in any matter.

If an offer of employment is made you will be required to provide proof of your eligibility to work in the United States before you will be allowed to begin work.

Should you be employed by us, it is understood and agreed that your employment is on an "at will" basis and may be terminated with or without cause, with or without notice, at any time. It is also understood that as a condition of employment you will be asked to sign a confidentiality and assignment of invention agreement disclosure. Failure to sign or abide by such agreements will be sufficient cause for termination.

It is understood that investigations may be conducted to confirm, expand, or explain information contained in employment applications, resumes, and other pre-employment documentation. These investigations may be conducted through consumer reporting agencies, private investigative firms, or internally generated investigations. Topics of investigation may include, but are not limited to, criminal history, military service, education verification, property holdings, and business filings.

Acknowledgment: I hereby certify that the information contained on or submitted with this application is true and accurate. I authorize the company to contact any schools, employers, government agencies, or other persons or entities to research my background, character, past employment or education, and I release all such persons or entities from any liability that may result from their disclosure of any information to the company. I also release the company and its agents from any liability arising out of or relation to any investigation of my background character, past employment, education, or any other information contained in this application. **I understand that if I am employed, any misrepresentation or material omission of facts on this application form or other employment documentation is sufficient cause for immediate termination.**

I have read, acknowledged, understood, and agreed to the above statements.

Signature of Applicant _____ Date _____