

APPLICATION FOR EMPLOYMENT

ENCORE UNLIMITED IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

Name:		Today's Date:	
Address:		Phone Number:	
Years at this Address:			

Have You Been Previously Employed By Encore Unlimited? Yes No
If Yes, when & where:

Do you have the legal right to work permanently in the US? Yes No
If no, explain:

If hired, can you provide proof of your right to work permanently in the US? Yes No

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED <small>*OPTIONAL*</small>	MAJOR SUBJECTS STUDIED	CHECK LAST YR COMPLETED
HIGH SCHOOL	FROM		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	TO		
COLLEGE	FROM		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	TO		
COLLEGE	FROM		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	TO		

WORK EXPERIENCE
(START WITH PRESENT POSITION AND WORK BACK)

Firm Name:		Type of Business:	
Address:		Position:	
Dates of Employment:		Salary: Base Bonus	
Immediate Supervisor:		Phone:	

EXPLAIN PRESENT DUTIES:

Firm Name:		Type of Business:	
Address:		Position:	
Dates of Employment:		Salary: Base Bonus	
Immediate Supervisor:		Phone:	

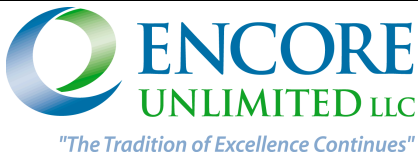
EXPLAIN DUTIES:

Firm Name:		Type of Business:	
Address:		Position:	
Dates of Employment:		Salary: Base Bonus	
Immediate Supervisor:		Phone:	

EXPLAIN DUTIES:

May we contact your present employer?
Yes or No

May we contact your previous employer(s)?
Yes or No



LICENSES / CERTIFICATIONS

Do you have a valid driver's license? Yes No

If required to drive a motor vehicle for the job applying for, state your:

1) Driver's License Number:

2) State Issued:

Are you licensed or certified with any group, association or society relating to the job for which you are applying? Yes No

License/Certification: Registration #: State Issued: Expiration Date:

License/Certification: Registration #: State Issued: Expiration Date:

ACTIVITIES

Indicate Membership, Degrees of Participation, and offices held since leaving school in civic, professional, social, athletic or other organization or activities, except those organizations the name or character of which may indicated your race, color, creed, religion, or national origin.

ADDITIONAL INFORMATION

Are there any other experiences, skills or qualifications which you feel would especially fit your for work with our company?

What limitations are there on your travel for our company?

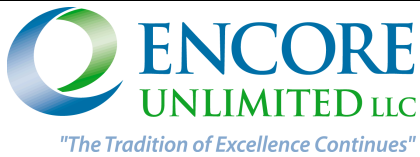
What is your approximate salary requirement per month? \$

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE

I certify that all information provided in this Employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my criminal record and motor vehicle record. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.



I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE, WHETHER LISTED, ANY PERSON, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYERS AND ORGANIZATIONS TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING THE HIRING DECISION. I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY GIVEN PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

SIGNATURE:

DATE:

** This Application for Employment will remain active for 90 days.*