



FOR OFFICE USE ONLY

CID: 763

EID:

FRANK COOPER, INC.

NAME (FIRST)		LAST	MIDDLE
STREET ADDRESS			APT
CITY		ST	ZIP
SOCIAL SECURITY NUMBER		PHONE	COUNTY
EMERGENCY CONTACT NAME			PHONE
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		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER FILLED OUT AN APPLICATION WITH FRANK COOPER, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, GIVE DATE ____/____/____		IF YES, PLEASE EXPLAIN _____	

WORK HISTORY

PREVIOUS EMPLOYER	COMPANY CONTACT	RATE OF PAY	START DATE	LAST DAY WORKED	POSITION HELD	REASON FOR SEPARATION

EMPLOYEE AGREEMENT

I, the undersigned employee, in consideration of my hiring by the Frank Cooper, Inc. (herein referred to as company) as an at-will employee of company, acknowledge and agree to the following: I have been hired as an at-will employee of company. I understand and agree that either company or I can terminate our employment relationship at any time with or without notice, with or without cause.

I state that the information provided on this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of providing false or misleading information on this application.

APPLICANT'S SIGNATURE _____ DATE _____

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Date of Hire: _____ Full Time: Part Time: Job Title: _____
 Pay Rate: \$ _____ Hourly: Salary: Commission: Loc: _____ Dept: _____