



Applicant Name _____

Permanent Address _____

School Address (if applicable) _____

Email _____ Phone _____

How did you learn about INScribe?

INScribe Website

Indeed.com

Campus Flyer Where _____

Friend Name _____

Other Explain _____

Do you want Part-time (24 hours or less/week) or Full-time (32 hour or more/week)?

Please share any schedule limitations or attach current and/or upcoming school schedules.

If hired, on what date are you available to begin working? _____

Can you work weekends? Yes No

Can you work up to 12-hour shifts? Yes No

Are you available over school breaks, including summer break? Yes No

Scribes are expected to work either Thanksgiving or Christmas. Is this an issue? Yes No

If yes, please explain. _____

Are you at least 18 years old? Yes No

Would you have reliable transportation to and from work? Yes No

Are you willing to commute up to 40 miles? Yes No

Would you be able to present evidence of legal right to work in the United States? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please explain. _____

EDUCATION & TRAINING

High School attended _____

Did you graduate? Yes No Graduation Date _____

College/University attended _____

Major field of study? _____

Did you graduate? Yes No Graduation Date/Expected Graduation Date _____

Did you serve or are you serving in the military?

Branch? _____ Rank? _____ Service Years? _____

List any foreign languages you speak, write or understand and if you consider yourself fluent.

EMPLOYMENT HISTORY

You may attach a resume for this section

Name of Employer:
Name of Supervisor:
Telephone Number:
Length of Employment:
Positions & Duties:
Reason for Leaving:
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:
Name of Supervisor:
Telephone Number:
Length of Employment:
Positions & Duties:
Reason for Leaving:
May we contact this employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name (First, Last):
Telephone Number:
Email:
Occupation:
Number of Years Acquainted:

Name (First, Last):
Telephone Number:
Email:
Occupation:
Number of Years Acquainted:

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant Signature _____ **Date** _____