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EMPLOYMENT APPLICATION
FSSI IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PLEASE PRINT CLEARLY

POSITION APPLIED FOR			DATE OF APPLICATION	
LAST NAME	FIRST NAME	MIDDLE NAME	PHONE	
STREET ADDRESS	CITY	STATE	ZIP	EMAIL

On your start date, can you provide proof of your right to work in the U.S.A.? YES NO

How did you hear about the job opening?

Have you filed an application here before? YES NO If yes, date:

Have you ever been employed here before? YES NO If yes, date:

Date available for work: Available to work: Full-time Part-time 1st Shift 2nd Shift

Are you on lay-off and subject to recall? YES NO

What is your desired salary:

EDUCATION

Please provide the following information regarding all education.

	INSTITUTE NAME, CITY & STATE	CHECK LAST YEAR COMPLETED (if applicable)	GRADUATED	DIPLOMA/DEGREE/CERTIFICATE & MAJOR
HIGH SCHOOL GRAD OR GED CERTIFICATE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL OR TRADE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

Starting with your current position and going backward, please provide the following information about all employment you have held. Include military service assignments and volunteer activities. You may exclude those which indicate a protected category. Please use additional paper if needed.

DATES		COMPANY NAME & ADDRESS	LAST JOB TITLE	REASON FOR MAKING CHANGE	NAME & TELEPHONE OF SUPERVISOR
FROM Mo./Yr.	TO Mo./Yr.				

LANGUAGES/SPECIAL SKILLS/CERTIFICATES/LICENSES/SPECIAL TRAINING

PROFESSIONAL MEMBERSHIPS

List professional, trade, business or civic activities and offices held. You may exclude those which indicate a protected category.

PROFESSIONAL REFERENCES

Please provide at least three professional references who have known you for two or more years, excluding relatives and friends. Include individuals' full name, job title, and phone number.

OTHER INFORMATION

Please state any other information you believe may be helpful to us in considering your application.

STATEMENTS

Please state in 75 words or less: 1) Why would you like to work for FSSI? 2) What are your career aspirations?

CERTIFICATION/SIGNATURE

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements checked by Financial Statement Services, Inc., (FSSI) unless indicated to the contrary. I authorize the references listed above to provide FSSI pertinent information concerning my previous employment. Further, I release all parties and person from any and all liability for damages that may result from furnishing such information to FSSI, as well as from the use or disclosure of such information by FSSI or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of FSSI and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time either by my option or at the option of FSSI. I understand that no employee or representative of FSSI other than the CFO of FSSI has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the CFO of FSSI may not alter the at-will nature of the employment relationship unless he/she does so specifically and in writing.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States of America, and successfully passing a pre-employment drug screening and a background check.

I understand that FSSI supports a drug free workplace.

Signature

Date