



Free Lance Investigations LLC
Corporate Headquarters
232 NE Lincoln Street, Suite A
Hillsboro OR 97123
Phone: 503-547-8444
Toll Free: 866-435-9633
Fax: 503-547-8444

FREE LANCE INVESTIGATIONS LLC considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE TYPE OR PRINT)

Position Sought:

Full Time: _____ Sub Contractor: _____

How did you learn about the position?

Referred by: _____

Name _____

Date _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Office Phone _____

Driver's License No. _____ State: _____

Other Phone _____

Email Address: _____

Social Security Number: _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?
 Yes No. Are you a resident of the State of Oregon. Yes No

Note: Oregon law requires that Process Servers be residents of the State of Oregon or the State where service is performed.

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attend	Degree Rece	Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT

(Most Recent First.)

1. Employer _____

Job Title _____

Dates Employed _____ Prior Position Held within Company

(if any): _____

Address _____ City _____

State _____ Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____

Ending Salary _____

Duties Performed

Reason for Leaving

2. Employer _____
Job Title _____
Dates Employed _____ Prior Position Held within Company
(if any): _____
Address _____ City _____
State _____ Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____
Ending Salary _____
Duties Performed _____

Reason for Leaving _____

3. Employer _____
Job Title _____
Dates Employed _____ Prior Position Held within Company
(if any): _____
Address _____ City _____
State _____ Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____
Ending Salary _____
Duties Performed _____

Reason for Leaving _____

4. Employer _____
Job Title _____
Dates Employed _____ Prior Position Held within Company
(if any): _____
Address _____ City _____
State _____ Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____
Ending Salary _____
Duties Performed _____

Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and certify that the facts contained in this application (and any resume submitted herewith) are true and complete to the best of my knowledge. I understand that any misrepresentations, false statements, omissions of facts or events is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Free Lance.

It is further understood that any employment with this company is conditioned on a full background investigation and drug screening test. I authorize this company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company without giving me prior notice of such disclosure. I further release the Company, any former employers and all references listed herein from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I agree and acknowledge full understanding that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless made in writing.

I further understand that I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I further understand that I cannot be hired if I cannot comply with these requirements.

I further agree that if I become an employee of this company, I also agree to submit to a drug test any time deemed appropriate by the Company and as permitted by law. I consent to such tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the Company Drug and Alcohol Policy.

Completing this application does not indicate there is a position open or that the Company is obligated to hire. If hired by Free Lance Investigations LLC, it is further agreed that I will abide by all Company policies, procedures and rules. Free Lance reserves the right to revise its policies and procedures in whole or in part at any time.

Signature of Applicant
Print Name: _____

Date

Address: _____

Social Security No.: _____

Date of Birth: _____