



**WORK EXPERIENCE**

EMPLOYER:	<input type="text"/>	DATES:	<input type="text"/>	TO:	<input type="text"/>
ADDRESS:	<input type="text"/>	PHONE NUMBER:	<input type="text"/>		
JOB TITLE:	<input type="text"/>	DUTIES:	<input type="text"/>		
REASON FOR LEAVING:	<input type="text"/>	MAY WE CONTACT?	<input type="text"/>		

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**COMMENTS:**

(PLEASE INCLUDE EXPLANATION FOR ANY GAPS IN EMPLOYMENT)

<input type="text"/>
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I certify that the statements made in this application are true and accurate to the best of my knowledge and I understand that misleading or false statements of any type will result in immediate dismissal.

I authorize THE PRIORITY GROUP, INC. and its affiliate companies to make whatever investigation it deems necessary in consideration of this application, and I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply THE PRIORITY GROUP, INC. and/or its affiliate companies with all information concerning my background check. I release THE PRIORITY GROUP, INC. and/or its affiliate companies from any and all liability and responsibility for damages and claims of any kind arising from this investigation of my background, which may include motor vehicle check, social security and or credit check. I also authorize that a copy of this release be valid as the original. Furthermore, I authorize to be fingerprinted in accordance with S.B. 160 and am aware that there is a fee of \$45.00 - \$100.00, which will be deducted from my first paycheck. Under these circumstances, I also understand that my employment and all client assignments are "conditional" pending the results of the outcome of the records check, and that termination of employment under this provision constitutes "just cause" for discharge purposes under the laws affecting unemployment compensation.

I have been informed and understand that employment at THE PRIORITY GROUP, INC. and/or its affiliate companies is at will and may be terminated at any time by either the company or me with or without just cause and that my failure to observe company policies and procedures may result in disciplinary action, up to and including termination.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE