Referred By: _____

NGM Employment Application

New Generation Management, Inc.

Position Applying For: _____		**Todays Date: _____/_____/_____**	
APPLICANT INFORMATION			
Last Name	First Name		Full Middle Name
Street Address	City	State	Postal Code
Cellular ( )	E-mail		
Previous Address	City	State	Postal Code
Date of Birth / Social Security No	Are you at least 18-years of age? ☐ YES ☐ NO	If no, can you provide proof of legal eligibility to work? ☐ YES ☐ NO	
Emergency Contact	Telephone ( )	Relation	
Are you able to perform the essential functions of this position without accommodations? ☐ YES ☐ NO	If no, please explain:		
Are you legally eligible for employment in the United States? ☐ YES ☐ NO	Are you seeking full or part time employment? ☐ FT ☐ PT	Date Available	
Do you have a valid Driver's License? ☐ YES ☐ NO / Driver's License Number	Make/Model	Do you have reliable transportation? ☐ YES ☐ NO	
Have you been convicted of a crime in the last 10-years? ☐ YES ☐ NO	If yes, please explain:		
EDUCATION			
High School	Years Completed	Field of Study	Degree ☐ YES ☐ NO
College/University	Years Completed	Field of Study	Degree ☐ YES ☐ NO
Business/Technical	Years Completed	Field of Study	Degree ☐ YES ☐ NO
Other / Certification	Years Completed	Field of Study	Degree ☐ YES ☐ NO
Other / Certification	Years Completed	Field of Study	Degree ☐ YES ☐ NO
Military Service ☐ YES ☐ NO	Duty/Specialized Training		
REFERENCES – List three personal references other than family members			
First and Last Name	Telephone ( )	Occupation	Years Known
First and Last Name	Telephone ( )	Occupation	Years Known
First and Last Name	Telephone ( )	Occupation	Years Known
EMPLOYMENT – List most recent employment first. Include summer/temp jobs. Be sure to list employers/experience related to this position.			
Employer	Address	Telephone ( )	
Job Title / Dates of Employment	Reason(s) for Leaving		
Employer	Address	Telephone ( )	
Job Title / Dates of Employment	Reason(s) for Leaving		
Employer	Address	Telephone ( )	
Job Title / Dates of Employment	Reason(s) for Leaving		

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If decided to engage in investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them, the nature and substance of the information contained in the report.

Applicant Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

Interviewer(s): _____

_____

Date of Initial Interview: _____/_____/_____

☐ Personal Interview ☐ Telephone Interview

Time: _____ AM / PM

Introduction:	_____	Comments: _____
Dressed Appropriately:	_____	Comments: _____
Brought Resume:	_____	Comments: _____
Body Language:	_____	Comments: _____
Responsiveness:	_____	Comments: _____
Communication:	_____	Comments: _____
Attitude:	_____	Comments: _____
Closing of Interview:	_____	Comments: _____

Strengths: _____

Weaknesses: _____

Self-Description: _____

Why NGM: _____

Notes: _____

NGM
New Generation Management, Inc.

AUTHORIZATION TO OBTAIN

Disclosure and Authorization to obtain a consumer and/or investigative consumer report

I, the undersigned, do authorize New Generation Management Inc. and its related companies to obtain, or ask others to obtain on its behalf, a consumer report and/or investigative consumer report on me. I also understand that this authorization shall be valid for subsequent consumer and/or investigative consumer reports during my service with the Company.

The above-mentioned reports may include, but are not limited to, information regarding my character, general reputation and personal characteristics, discerned though employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any tragic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public records.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Company including, but not limited to, any consumer reporting agencies, courts, public agencies, law enforcement agency, and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I further agree to release and hold harmless any person, business entity or governmental agency with respect and claims related to or arising from any information disclosed pursuant to this authorization.

I also understand that I have the right to request additional disclosures concerning the nature and scope of the consumer report and/or investigative consumer report and to obtain a statement of my right upon request.

By signing below, I authorize the Company to procure a consumer report and/or investigative consumer report on me and to provide the Company, or others acting on their behalf, with whatever information is necessary to complete that process.

It is understood that my job position/employment requires me to drive a company owned vehicle or my own vehicle on company business. I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. By this letter I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records and to release these results.

Printed Name	Date
Signature	Date of Birth
State of Driver's License Issued	Driver's License Number

Must have Copy of Driver's License with Authorization to Obtain