

**Mail To:**  
**Direct Endoscopy Equipment Services**  
**950 Eagles Landing Pkwy. #143**  
**Stockbridge, GA 30281**



## **Employment Application for Sales Representative**

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

### **EDUCATION**

<b>Type</b>	<b>Name/Location</b>	<b>Course of Study</b>	<b># Years Completed</b>	<b>Degree/ Diploma</b>
<b>Elementary &amp; Jr. High</b>	_____	_____	_____	_____
<b>HighSchool</b>	_____	_____	_____	_____
<b>College</b>	_____	_____	_____	_____
<b>Technical or Other</b>	_____	_____	_____	_____

**EMPLOYMENT RECORD**

Company Name and address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**U.S. MILITARY SERVICE**

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name/ Occupation/ Years/ Known Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization? \_\_Yes \_\_No

Please Specify : \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? \_\_Yes \_\_ No

Please Specify : \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

\_\_\_\_\_

---

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_