



Credit Solutions, Inc.

Application For Employment

Niagara Credit Solutions, Inc. provides Equal Employment Opportunity for all individuals regardless of race, color, religion, sex, age, national origin, disability, marital status, sexual preference, veteran status and any other basis protected by federal, state or local laws.

Name: _____

Date: _____

All Areas Must Be Completed In Full.
GENERAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Current Home Address	City	State	Zip
How Long?			
Previous Address	City	State	Zip
How Long?			
Home Telephone ()	Cell or Alternate Telephone ()		
Are you 18 years of age or older?	Yes No		
Are you known by another name which relates to your work record?	Yes. If yes, give name and describe why. No		
Is there any legal reason that would prevent you from accepting immediate employment with NCSI?	Yes No		
Have you ever been convicted of a crime involving any violent or dishonest act, or use or possession of a weapon?	Yes. If yes, when and describe in full. No		
Are you currently out on bail, the subject of a current warrant for arrest or released pending a trial?	Yes. If yes, when and describe in full. No		
Are you currently under a non-disclosure, non-compete or non-solicitation agreement with another company?	Yes. If yes, for what company and how long. No		
Have you ever been terminated for reasons of insubordination, performance or violation of company policy?	Yes No		
Have you ever resigned in lieu of termination?	Yes If yes, when and describe in full No		
Have you ever worked for NCSI or an affiliate?	Yes. If yes, when and where No		
Have you previously applied with NCSI or an affiliate?	Yes. If yes, when and where No		
List an friends or relatives employed by NCSI			
Position Applying For	Desired Rate of Pay	Date Available to Start	
Are you Applying for Full Time or Part Time: If Part Time, specify days and hours available:			
Are you able to perform the essential functions of the position applied for?	Yes No		
Have you ever served in the Armed Forces?	Yes. If yes, length of service. No		

EDUCATION

Name & Address	Years Completed	Course of Study	Did You Graduate?	Diploma or Degree Received
High School			Yes No	
College			Yes No	
Graduate School			Yes No	
List any special courses, seminars and/or other training that you have received.				

PROFESSIONAL REFERENCES

List **ONLY PROFESSIONAL** references, such as previous managers and supervisors.

Do not list relatives, friends or co-workers.

Name	Company	How Associated	Years Associated	Telephone ()
Name	Company	How Associated	Years Associated	Telephone ()
Name	Company	How Associated	Years Associated	Telephone ()

EMPLOYMENT HISTORY

Please complete all sections thoroughly. Do not put "see resume". Begin with most recent employer. Be sure all time lapses are explained.

Name of Employer		Area Code / Telephone Number	
Address	City	State	Zip
Dates of Employment From: To:	Reason for Leaving		Salary
Title		Work Performed	
Supervisor Name and Title			May We Contact? Yes No

Name of Employer		Area Code / Telephone Number	
Address	City	State	Zip
Dates of Employment From: To:	Reason for Leaving		Salary
Title		Work Performed	
Supervisor Name and Title			May We Contact? Yes No

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Address	City	State	Zip
Dates of Employment From: To:	Reason for Leaving		Salary
Title		Work Performed	
Supervisor Name and Title			May We Contact? Yes No

Name of Employer		Area Code / Telephone Number	
Address	City	State	Zip
Dates of Employment From: To:	Reason for Leaving		Salary
Title		Work Performed	
Supervisor Name and Title			May We Contact? Yes No

ACKNOWLEDGEMENT

I hereby affirm that the facts set forth in this application for employment and in my resume, and the information I may provide during an interview are true and complete, and may be verified by the Company. I understand that any false statements, misrepresentations, or omissions of fact may be grounds for rejection of my application or immediate dismissal from subsequent employment if I am hired, regardless of when they are discovered by the Company.

The Company or an appointed affiliate is hereby authorized to investigate all items on this application and my resume, as well as all information I may provide during an interview, including my credit record. I release all parties from all liability that may result from requesting and providing such information.

If hired, I recognize that I am an employee at will and that my employment may be terminated at any time and for any reason. I understand that this application and/or subsequent offer of employment does not form a basis of an employment contract. I acknowledge that no Company representative is authorized to state or imply that a contract of employment shall exist between me and the Company. Verbal discussions by Company representatives of the terms and conditions of employment do not alter the at-will relationship which employees enjoy with the Company.

If hired, I agree to sign a non-disclosure agreement and other agreements of the Company if management determines it is relevant to my position. I may be asked to participate in a drug screening test at any time. In compliance with the Immigration and Reform and Control Act of 1986, I understand that any offer of employment will be contingent upon my ability to present the Company with specific documentation as to my identity and authorization to work in the United States or its territories within the time limits prescribed by the Act. I understand that failure to submit such proof within the required time shall result in my immediate termination.

I understand that this application is current for only 90 days. If I do not hear from the Company and I still wish to be considered for employment, it will be necessary for me to complete a new application.

Printed Name

Signature

Date

Niagara Credit Solutions, Inc.
420 Lawrence Bell Drive
Suite #2
Williamsville, New York 14221-7820

I hereby authorize the Company to communicate orally or in writing with any of my past employers, educational institutions or any other person, organization or institution concerning any matter relevant to my employment by this Company or mentioned by me in this application or related interview, further authorizing any such person of whom such inquiry may be made by this Company without any liability whatsoever, to make full disclosure to this Company concerning any fact or assertion made by me in this application. This authorizes the reproduction of this part of my application and its submission to any employer or other person of whom the above inquiries are made.

Printed Name

Signature

Date