EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace.

COMPANY NAME:				
POSITION APPLIED FOR:		DATE:		
PERSONAL DATA				
Name:				
Last	Middle	First		
Street Address:				
City:	State:	Zip Code:		
Telephone:				
Email:				
If you are under 18 years of age, please s for child labor law purposes).	specify your age: (T	his information will be used only		
Are there any days, shifts or hours you wil	I not work? □ Yes □ No			
If yes, please explain:				
Are you available for out of town work? Will you work overtime, if required?				
When will you be able to start work?				
How did you learn of our Company?				
If referral, who were you referred by?				
Have you ever applied or worked at our Co	ompany before? □ Yes □ No			
If yes, provide dates:				
Are you legally authorized to work in the U	Inited States? ☐ Yes ☐ No			

Based on the job des		ns for	the role you	are applying fo	or, can you perfo	orm the essenti	al functions
If you are applying fo	-			to drive a com	pany vehicle; do	you have a val	id and
Will you now or in the ☐ Yes ☐ No	future	require	e sponsorshi	p for employme	nt visa status (e.	g.,H-1B visa sta	tus)?
Note: The Federal Im Employment Eligibility business days of beginstablishing his/her id a condition of employer	Verifice Inning ventity a	ation "l vork ev	Form I-9" be very new hire	completed for e e must present	every new hire ar	nd that within 3 documentation	d as
EDUCATION							
Describe any education	nal deg	rees, s	skills, training	or experience y	ou believe are re	levant to the job	applied for:
Name, City and State of Educational Institution	Gradi		If no, Degree Credits	Type of Degree Received or	Major	Minor	Grade Point/ Overall GPA
111 1 0 1	Yes	No	Earned	Expected			
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							
EMPLOYMENT HISTORY: Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.							
Company Name:					Telephone:		
Address:							
Name of Supervisor:						act: □ Yes □ N	0

Dates Employed: From: _	To:	-		
State job titles and describ	e job duties:			
Reason for leaving:				
		Telephone:		
		May we contact: □	l Yes □ No	
	To:			
Reason for leaving:				
Company Name:		Talanhana		
		Telephone:		
		May we contact:	Yes □ No	
	To:		103 - 110	
		- 		
- Treasent for loaving.				
Company Name:		Telephone:		
		May we contact:	Yes □ No	
Dates Employed: From:_	To:	_		
State job titles and describ	e job duties:			
Reason for leaving:				
Please explain any gaps in	your employment history: _			
DEFEDENCES				
REFERENCES (Plea	ase list three persons not relat	ted to you who know your qualifi	cations.)	
NAME	ADDRESS	PHONE	RELATIONSHIP	

Applicant Print Name	Applicant Signature	Date
Applicant Print Name	Applicant Signature	Date

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Applicant Print Name	Applicant Signature	Date