

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, color, religion, sex, national origin, disability, age, veteran status, genetic information or any other protected status.

This is a Drug Free Workplace. The use, possession and/or being under the influence of Medical Marijuana at work/during work hours is prohibited.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Type of Employment Desired	Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>		Temporary <input type="checkbox"/>		Seasonal <input type="checkbox"/>			
Referred by										

Are you authorized to work in the U.S. for any employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are there any reasons why you would be unable to perform the tasks involved in the position that you are applying for? If yes, please state reasons _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of, plead guilty to, or served probation for any crime (excluding minor traffic violations) including DWI?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state the offense, location, date and disposition		
Do you have obligations or other reasons that would limit your ability to travel or work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship			
Company				Phone			
Address							

REFERENCES

Full Name				Relationship			
Company				Phone			

Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

SKILLS & ABILITIES

DISCLAIMER AND SIGNATURE

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate any employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive any right to bring any cause of action against those individuals for defamation invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. The use, possession and/or being under the influence of Medical Marijuana at work/during work hours is prohibited.

I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any or no reason at all, with or without prior notice.

Signature

Date