



This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

**ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
                     Last            First            M  
 Apt # \_\_\_\_\_  
 Or Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **18 or older?** [ ] Yes [ ] No **If not, Birth Date:** \_\_\_\_\_

- Did any employer, school or reference know you by another name? [ ] Yes [ ] No
- If Yes, indicate other name: \_\_\_\_\_
- **Position for which you are applying:** \_\_\_\_\_
- What wage/salary do you expect? \$ \_\_\_\_\_ per \_\_\_\_\_
- **If hired, when could you start work?** \_\_\_\_\_
- Are you willing to travel? [ ] Yes [ ] No If Yes, what percentage? \_\_\_\_\_
- Would you be willing to relocate? [ ] Yes [ ] No
- If Yes, preference: \_\_\_\_\_
- Do you have a Class I Fingerprint Clearance Card? [ ] Yes [ ] No
- If No, would you be able to obtain one? \_\_\_\_\_
- Who referred you to this company for employment? \_\_\_\_\_
- Names of friends or relatives working for the Company (list name(s) and relationship):  
 \_\_\_\_\_

**AVAILABILITY:**

How many hours per week are you available for work? \_\_\_\_\_ (LIST TIMES BELOW)

	Monday	Tuesday	Wednesday	Thursday	Friday	<u>Saturday</u>	<u>Sunday</u>
<b>FROM</b>							
<b>TO</b>							

CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING.....

- Do you have a valid Driver's License? [ ] Yes [ ] No If No, can you obtain one? [ ] Yes [ ] No
  - Do you have access to a car or other motorized vehicle? [ ] Yes [ ] No
  - Do you or can you get liability insurance on such a vehicle? [ ] Yes [ ] No
- YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.**

**EDUCATION:**

High School \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Last grade completed \_\_\_\_\_  
Grade Point Avg: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No **Still Enrolled?** [ ] Yes [ ] No

Trade or College \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Last grade completed \_\_\_\_\_  
Course/Major \_\_\_\_\_ Degree(s) or Certification(s) \_\_\_\_\_  
Grade Point Avg: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No **Still Enrolled?** [ ] Yes [ ] No

**EMPLOYMENT HISTORY: (start with most recent employer)**

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_  
Reference Check Performed By \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_  
**Reference Check Performed By** \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Salary / Wage \_\_\_\_\_ per \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
**Still Employed?** [ ] Yes [ ] No Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_  
**Reference Check Performed By** \_\_\_\_\_

\*DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? [ ] Yes [ ] No  
IF YES, DESCRIBE: \_\_\_\_\_

\* A conviction will not necessarily bar you from employment. Also, see applicable state restrictions below.

**MILITARY SERVICE:**

Branch \_\_\_\_\_ Date [ Entered \_\_\_\_\_ Discharged \_\_\_\_\_ ] RANK \_\_\_\_\_  
Do you have service-related skills applicable to civilian employment? [ ] Yes [ ] No  
If Yes, describe: \_\_\_\_\_

**ADDITIONAL INFORMATION: (all applicants)**

List additional training or experience \_\_\_\_\_

**AGREEMENT**

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

**NO DRUG USE POLICY:** This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that I **(check one) do \_\_\_\_\_ or do not \_\_\_\_\_ use illegal drugs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Reference Release Form

Applicant name: \_\_\_\_\_

Former employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment with *The Reeves Foundation, LLC* and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

### Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Record of Employment** (to be filled out by previous employer)

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Please rate the following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Reference Release Form

Applicant name: \_\_\_\_\_

Former employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment with *The Reeves Foundation, LLC* and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

### Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Record of Employment** (to be filled out by previous employer)

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Please rate the following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Reference Release Form

Applicant name: \_\_\_\_\_

Former employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment with *The Reeves Foundation, LLC* and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

### Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Record of Employment** (to be filled out by previous employer)

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Please rate the following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_