

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

POSITION REQUESTED: _____ **DATE:** _____

Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Previous Address: _____ City: _____ St: ___ Zip: _____

Telephone Number: (Home) _____ (Cell) _____ (Other) _____

E-mail Address: _____

Please Note:

This application form was designed for use by applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. The Company is an at-will employer and may hire or terminate with or without notice for cause or without cause.

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

EDUCATION	Print Name and Address for each School Listing	Number of Years Completed	Degree, Major or Type of Course
College			
Graduate School			
Trade, Business, Correspondence			
Other			

EMPLOYMENT HISTORY PLEASE PROVIDE A FIVE (5) YEAR HISTORY. LIST YOUR MOST RECENT FIRST.

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

May we contact this employer? YES NO Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Job Verification Completed By: _____ **Dated:** _____

Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

May we contact this employer? YES NO Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Job Verification Completed By: _____ **Dated:** _____

Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

May we contact this employer? YES NO Salary: Start: _____ End: _____
(hr/mo/yr) (hr/mo/yr)

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Job Verification Completed By: _____ **Dated:** _____

Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)

GENERAL INFORMATION

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? Yes No

Are you below the age of eighteen? Yes No

Have you previously applied for employment here? Yes No When? _____

Have you previously been employed by this company or any of its subsidiaries? Yes No

If yes, When? _____ Company Name _____

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ **Dated:** _____

Printed Name: _____

Mutual Agreement to Arbitrate Claims

The Company and I mutually agree that **ALL CLAIMS OR DISPUTES, PAST, PRESENT, AND FUTURE, THAT MAY ARISE OR HAVE ARISEN (UNLESS SPECIFICALLY EXCLUDED BELOW), SHALL BE DECIDED BY AN ARBITRATOR THROUGH ARBITRATION AND NOT BY A JUDGE OR JURY**, including without limitation all claims or disputes related to or arising out of my application for employment, my employment, and/or my termination of employment. Any reference to the Company in this Mutual Agreement to Arbitrate Claims (“Agreement”) also includes the Company’s parent companies, subsidiaries, divisions, related companies, affiliates, and all successors and assigns of any of them. Except as otherwise provided in this Agreement, this Agreement applies to all claims and disputes that the Company may have against me or that I may have against the Company, or its officers, directors, partners, shareholders, members, owners, and employees. The arbitration will be conducted before a single arbitrator under the Employment Arbitration Rules of the American Arbitration Association (“AAA”), which are available at the AAA website (www.adr.org) or by calling the Employee Hotline at (877) 416-1405. A court of competent jurisdiction shall have the authority to enter judgment upon the arbitrator's decision/award. This Agreement is governed by the Federal Arbitration Act (“FAA”) and evidences a transaction involving commerce.

The Company and I agree to bring any claim or dispute in arbitration on an individual basis only, and not as a class or collective action, and there will be no right or authority for any claim or dispute to be brought, heard or arbitrated as a class or collective action ("**Class Action Waiver**"). Regardless of anything else in this Agreement and/or the AAA Rules, the interpretation, applicability, enforceability or formation of the Class Action Waiver may only be determined by a court and not an arbitrator.

This Agreement does not apply to claims for worker’s compensation, state disability insurance and unemployment insurance benefits; claims for benefits under any benefit plan covered by ERISA or funded by insurance; or any claim that an applicable federal statute expressly states cannot be arbitrated. The Company and I may also apply to a court of competent jurisdiction for temporary or preliminary injunctive relief in connection with an arbitrable controversy; however, all determinations of final relief shall be decided in arbitration. Regardless of any other terms of this Agreement, claims may be brought before and remedies awarded by an administrative agency if applicable law permits such notwithstanding the existence of an agreement to arbitrate. Such administrative filings include without limitation claims or charges brought before the Equal Employment Opportunity Commission, U.S. Department of Labor, National Labor Relations Board, or Office of Federal Contract Compliance Programs.

By signing this Agreement, I am voluntarily entering into this Agreement and I agree to its terms.

APPLICANT SIGNATURE

DATE

APPLICANT NAME PRINTED