## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1.	Employer Information	Employer: Address: City/State/ZIP: Telephone:	Chino Valley, Arizona 86323
all ap		out regard to any le	ovide equal employment opportunities to egally protected status such as race, color, eran status.
2.	Applicant Information		
Appli	icant Full Name:		
Hom	e Address:		
•			
Num	ber of years at this address:		
•	•	Ev	ening phone:
	le phone:		
	l Security Number:		
Drive	er's License (State/Number):		
3.	Emergency Contact		
	should be contacted if you are act Name:		mergency?
Relat	ionship to you:		
Addr	ess:		
City/	State/ZIP:		
Dayti	me phone:	Ev	ening phone:
4.	Job Position Applied For: Full or Part Time?		

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_

5.

6.	Who referred you to our company?				
7.	How will you get to work?				
8.	If applicable, are you available to work overting	ne? Yes ]	No		
9.	If you are offered employment, when would you be available to begin work?				
10.	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No				
11.	Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No				
	What reasonable accommodation, if any, would		140		
12.	Have you ever been convicted of a felony or misdemeanor?				
	Yes, I was convicted of		on		
	(date) in	(city),	(state)		
	No				
AUTO	EXISTENCE OF A CRIMINAL RECORD DO MATIC BAR TO EMPLOYMENT UNLESS I OYMENT.				
13.	Applicant's Skills				
seeking	those skills that you have. List any other skills the g. Enter the number of years of experience, and collity for each particular skill. (One represents poor	ircle the number which	corresponds to		
Ski []	Typing	Years of Experien	1 2 3 4 5		
- 11	Microsoft Office Suite (Word, Excel, etc.)		1 2 3 4 5		

[] Accounting/Bookkeeping	1 2 3 4 5
[] Augusting (1) uhang	12345
[ ] [ ] [ ] [ ]	12345
[] Customan samilar	1 2 2 4 5
	1 2 2 4 5
	12345 12345
[] Wood Control	1 2 2 4 5
	12345
[] Comment   Emiliary	12345
[] T4 T-1-in	12345
•	12345
	12345
14. Applicant Employment History	
List your current or most recent employment first. Please list a and military service) which you have held, beginning with the gaps in employment. If additional space is needed, continue of	most recent, and list and explain any
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

## College/University Name and Address Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_ No If yes, degree(s) received: High School/GED Name and Address Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_ No Other Training (graduate, technical, vocational): Please indicate any current professional licenses or certifications that you hold: Awards, Honors, Special Achievements: Military Service: \_\_\_\_\_ Yes \_\_\_\_ No Branch: Specialized Training: 16. References List any two non-relatives who would be willing to provide a reference for you. Name: Address: City/State/ZIP: Telephone: Relationship: Name: Address: City/State/ZIP: Telephone: Relationship: 17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

15.

Applicant's Education and Training

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Mel's Outdoor Services LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Mel's Outdoor Services LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	DATE