

Application for Employment

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in	
<input type="checkbox"/> Internet <input type="checkbox"/> Company Web Site <input type="checkbox"/> Name of Source	

Last Name	First Name	Middle Name
Address Street	City	State Zip
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you legally eligible for employment in the United States? Yes No
If Yes, give date _____

Proof of citizenship or immigration status will be required upon employment
On what date would you be available for employment? _____

Are you available to work: Full Time Part Time Temporary Overtime
 On-Call Shift Work (Swing or Grave) _____

What is your desired salary range? \$ _____

Are you willing to travel? Yes No

Have you ever been convicted, been sentenced, been placed on probation, entered a guilty plea or been the subject of a deferred adjudication or disposition for violating any criminal laws? Yes No

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details? _____

Education

Name & Address of School	Years Completed	Did you Graduate?	Degree/Diploma	GPA

High School				
Undergraduate		Major	Minor	
Graduate		Major	Minor	
Describe any other specialized training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position(s) for which you are applying				

References

List three persons who are NOT related to you and who have definite knowledge of your qualifications and suitability for the position for which you are applying. Do not repeat names of supervisors listed in EXPERIENCE. References may be contacted.		
Full Name	Business Phone Home Phone	Business or Occupation

Employment Experience

Start with your present or most recent employer. Please give accurate, complete full-time and part-time employment records. **May we contact your present employer?** Yes No

1	Employer	Telephone #	Dates Employed From To		Work Performed
	Address				
	Reason for Leaving		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
2	Employer	Telephone #	Dates Employed From To		Work Performed
	Address				
	Reason for Leaving		Hourly Rate/Salary Starting Final		

	Job Title	Supervisor			
3	Employer	Telephone #	Dates Employed From To		Work Performed
	Address				
	Reason for Leaving		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
4	Employer	Telephone #	Dates Employed From To		Work Performed
	Address				
	Reason for Leaving		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			

Applicant's Statement

This application is for employment with Valley Real Life. I certify that all of the information given in this statement is true, accurate and complete to the best of my knowledge and is made in good faith. I understand misrepresentation or omission of facts may be grounds for not employing me or cause for dismissal after I begin employment. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I authorize the Company to secure a motor vehicle record if my job requires any driving and understand that a valid drivers license and a good driving record will be required if the position requires driving a motor vehicle.

I understand and agree that this statement does not constitute an employment contract of any kind or an offer of employment and that any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if I become employed by the Company, I will be an employee at will. As such, I may resign my employment at any time at my discretion and the Company may terminate my employment at any time, with or without cause and with or without prior notice. I agree to submit proof of my legal status to work in the United States. I understand that the Company's consideration of my employment and any offer of employment are contingent upon the satisfactory completion of pre-employment testing.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the gender, ethnicity, disability, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

(Please Print)

Name			Date	
Address				
City		State		Zip
Position(s) Applied For				
Social Security Number	Age	Check One <input type="checkbox"/> Female <input type="checkbox"/> Male		
Check one of the following: (Ethnic Origin)				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black (not of Hispanic Origin)		
<input type="checkbox"/> Caucasian (not of Hispanic Origin)	<input type="checkbox"/> Hispanic			
Check if any of the following are applicable:				
<input type="checkbox"/> Disabled Individual	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Vietnam Era Veteran		