



Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Number Street	City	State Zip Code
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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration will be required upon employment. Yes No

On what date would you be available to work? _____/_____/_____

Are you available to work Full Time Part Time

Which shifts are you available to work 4pm-12am 12am-8am 8am-4pm Weekends and as needed only

Can you travel if a job requires it? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a history of Sexual Misconduct Convictions; or a history of Sexual Harassment allegations / findings? Yes No

If yes, please explain _____

Have you ever been arrested, charged, indicted, and/or convicted of a felony or misdemeanor offense? Yes No

If yes, provide the date and location for each arrest, charge, indictment and/or conviction and note the disposition for each.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/ Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery List	Other:
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

EDUCATION

School	Name and Location	Course of Study	No. of years Completed	Did you graduate?	Degree Or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					

REFERENCES

1.	()
2.	()
3.	()

EMPLOYMENT

Please give accurate complete full-time and part-time employment record. Start with your present or most recent employer

1. Company Name	Telephone ()
Address	Employed- (State month and year)
Name of Supervisor	Start weekly pay Last
State Job Title and Describe Your Work	Reason for Leaving

2. Company Name	Telephone ()
Address	Employed- (State month and year)
Name of Supervisor	Start weekly pay Last
State Job Title and Describe Your Work	Reason for Leaving

3. Company Name	Telephone ()
Address	Employed- (State month and year)
Name of Supervisor	Start weekly pay Last
State Job Title and Describe Your Work	Reason for Leaving

4. Company Name	Telephone ()
Address	Employed- (State month and year)
Name of Supervisor	Start weekly pay Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above Unless You indicate those you do not wish us to contact	DO NOT CONTACT	
	Employer Number(s)	Reason

Military	Did you serve in the U.S. Armed Forces?	If Yes in what branch?
	Describe any training received relevant to the position for which you are applying.	

Applicant's Statement

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Clover House Inc.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____
Name and Title Date

PREA Information: _____

Clover House Inc.

Pre-Employment Inquiry Release

In connection with my application for employment (including contract for services) with Clover House Inc. I understand that investigative background inquiries are to be made on myself including consumers credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and previous employers. Further, I understand that you may be requesting information from various Federal State and other agencies with maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information from TCIC/NCIC and/or any of their licensed agents. I understand to aid in the proper identification of my files or records, the following information, as well as other information necessary.

Printed Name _____

Other names I have used _____

Soc. Sec.# _____ Date of Birth _____ Sex _____ Race _____

Current Address _____

City/State/Zip _____

Applicant's Signature _____

Prospective Employer is: Clover House Inc.