



# APPLICATION FOR EMPLOYMENT

DATE:

Please Print

**PERSONAL INFORMATION:**

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			APT #	
CITY		STATE	ZIP CODE	
TELEPHONE # (Home): (        )	TELEPHONE # (Work): (        )	May We Contact Your Current Employer? _____ YES _____ NO		
Are you legally eligible for employment in the United States? (Proof will be required if hired.) YES _____ NO _____		Are you less than 18 years of age? YES _____ NO _____ (Note: We comply with State and Federal child labor regulations.)		

**EMPLOYMENT DESIRED AND OTHER INFORMATION:**

POSITION(S) APPLIED FOR:		TYPE OF EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ SUBSTITUTE	
PLEASE CHECK THE TIMES THAT YOU ARE AVAILABLE FOR WORK: _____ DAY _____ AFTERNOON _____ EVENING	WHAT PAY RATE ARE YOU SEEKING? \$	IF HIRED, ON WHAT DATE CAN YOU START WORK?	
IF YOU HAVE WORKED FOR ARBOR MANAGEMENT BEFORE, GIVE LOCATION AND DATE:			

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE IN FULL: \_\_\_\_\_

\_\_\_\_\_

*(Note: You are not required to disclose information regarding sealed or expunged records of convictions or arrests. No applicant will be denied employment solely on the grounds of a conviction. The nature of the offense, the date, the surrounding circumstances and the relevance to the position applied for may, however, be considered.)*

**EMPLOYMENT HISTORY:**

Please provide the following information concerning each of your employers, starting with your present or most recent position.

DATES FROM - TO	COMPANY NAME & ADDRESS	PHONE NUMBER	JOB TITLE & JOB DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

**EDUCATIONAL BACKGROUND:**

SCHOOL	NAME & LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			YES _____ NO _____
TECHNICAL SCHOOL			YES _____ NO _____
COLLEGE			YES _____ NO _____
OTHER			YES _____ NO _____

WHAT SPECIAL QUALIFICATIONS DO YOU HAVE FOR THE POSITION YOU ARE APPLYING FOR:  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company.

I hereby authorize Arbor Management, Inc. to thoroughly investigate my references, employment record and other matters related to my suitability for employment and further authorize my former employers or any third party to disclose to Arbor Management, Inc. all reports and other information related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release Arbor Management, Inc., former employers and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that, if offered a position, a condition of employment may be that I take a test for the purpose of detecting any drugs which might impair my ability to safely perform my job. I further understand that, should this test indicate the presence of drugs in my body, it may result in the rejection of my application for employment or my immediate discharge, if detected after hire. I consent to this testing and request that the results of such test(s) be disclosed to the Company and I hereby release the Company, its employees and agents, from any and all legal liability flowing from my taking such test(s) or my failure or refusal to take such test(s).

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I further agree that, if I am hired, my employment is for no definite period and may be terminated at any time, without prior notice, at the option of either myself or the Company. I further understand that no representative of the Company has the authority to make any assurances to the contrary.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me. If hired, I agree to abide by all Company and site specific work rules, policies and procedures relating to work performance and conduct.

*Signature of Applicant* \_\_\_\_\_ *Date:* \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE WITH REGARD TO RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, CITIZENSHIP, PHYSICAL OR MENTAL HANDICAP OR DISABILITY, AGE, OR ANY OTHER BASIS PROHIBITED BY LAW. WE ALSO PROVIDE REASONABLE ACCOMMODATIONS TO DISABLED INDIVIDUALS WHO CAN OTHERWISE PERFORM THEIR ESSENTIAL JOB FUNCTIONS.