



# BRINE

## APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS JOB? \_\_NEWSPAPER \_\_EMPLOYEE \_\_CRAIGSLIST \_\_OTHER \_\_\_\_\_

### **APPLICANT INFORMATION:**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

ARE YOU AT LEAST 18 YRS OLD? \_\_\_\_\_ IF YOU ARE UNDER 18, CAN YOU PROVIDE A WORK PERMIT? \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?: \_\_\_\_\_ (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED IF HIRED.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_YES \_\_NO IF YES, STATE THE NATURE OF THE OFFENSE & DISPOSITION OF THE CASE. (NOTE: THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT)

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL SKILLS OR TRAINING: \_\_\_\_\_

### **EMPLOYMENT INFORMATION:**

PLEASE LIST AVAILABILITY:

	M	T	W	T	F	SA	SU
FROM							
TO							

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF HIRED, WHEN CAN YOU START? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?: \_\_\_\_\_ IF YES, NAME USED: \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? \_\_\_\_\_ IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

IF APPLICABLE, PLEASE REFER TO ATTACHED JOB DESCRIPTION FOR THE POSITIONS WHICH YOU ARE APPLYING. ARE YOU ABLE TO PERFORM ALL OF THESE TASKS WITH OR WITHOUT REASONABLE ACCOMMODATION? \_\_\_\_\_ PLEASE DESCRIBE WHICH TASKS, IF ANY, YOU WILL NEED ACCOMMODATION TO PERFORM, AND EXPLAIN WHAT TYPE OF ACCOMMODATION YOU WILL NEED:

\_\_\_\_\_

**EDUCATION:**

ELEMENTARY: 1 2 3 4 5 6 7 8

SECONDARY: 9 10 11 12 G.E.D

COLLEGE: 1 2 3 4 5 6 7 8

NAME OF SCHOOL: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

LOCATION OF SCHOOL: \_\_\_\_\_ LOCATION OF SCHOOL: \_\_\_\_\_ LOCATION OF SCHOOL: \_\_\_\_\_

IF IN HIGH SCHOOL, ARE YOU ENROLLED IN A RECOGNIZED CO-OP PROGRAM: \_\_\_ YES \_\_\_ NO DEGREE & MAJOR: \_\_\_\_\_

IF YES, IDENTIFY PROGRAM & SCHOOL: \_\_\_\_\_

**WORK HISTORY**(PLEASE BEGIN WITH MOST RECENT):

1. COMPANY \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

BRIEFLY DESCRIBE DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. COMPANY \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

BRIEFLY DESCRIBE DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3. COMPANY \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

BRIEFLY DESCRIBE DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

4. COMPANY \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

BRIEFLY DESCRIBE DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**FOR REFERENCE PURPOSES:** HAVE YOU WORKED FOR ANY OF THESE ORGANIZATIONS OR ATTENDED SCHOOL UNDER A DIFFERENT NAME? \_\_\_\_\_

IF YES, GIVE NAME(S) & ORGANIZATION(S) \_\_\_\_\_

**MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?** \_\_\_\_\_ IF NO, LIST THE EMPLOYERS YOU DO NOT WISH US TO CONTACT & WHY: \_\_\_\_\_

# **AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT**

**(PLEASE READ CAREFULLY, THEN SIGN & DATE BELOW)**

I certify that I have personally completed this application. I declare that the information provided in the employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature of the scope of such investigation.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## **AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time. There will be a 90 day Probationary Period and employment may be terminated at any time, for any reason, or for no reason at all. I understand and agree to, that it a policy of the establishment that scheduling may include on-call shifts, if not called in are unpaid. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_