

POWERLEND APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME INITIAL		FIRST NAME	SOCIAL SECURITY NO.	DATE
PERMANENT ADDRESS ZIP		CITY	STATE	TELEPHONE ()
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED	
NAME OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR	
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT		ARE YOU WILLING TO WORK OVERTIME OR A FLEXIBLE WORK SCHEDULE?	
CAN YOU WITH OR WITHOUT REASONABLE ACCOMMODATION PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE EXPLAIN		
IN CASE OF EMERGENCY NOTIFY				
NAME		ADDRESS		PHONE NO. ()

EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST	POSITION	DATE AVAILABLE	SALARY EXPECTED
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW WERE YOU REFERRED TO POWERLEND? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER		NAME OF REFERRAL SOURCE	

EDUCATION/U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
HONORS OR AWARDS RECEIVED	PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE?		
PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS/OFFICES HELD				
YOU MAY EXCLUDE AFFILIATIONS WHICH MAY INDICATE RACE, COLOR, ANCESTRY, SEX, HANDICAP, RELIGION, AGE OR NATIONAL ORIGIN				
U.S. MILITARY DUTIES AND SPECIAL TRAINING WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION(S) DESIRED				

AN EQUAL OPPORTUNITY EMPLOYER

*NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION APPLIED FOR MAY, HOWEVER, BE CONSIDERED.

Revised 11-10-2006

REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)		TELEPHONE	OCCUPATION	YEARS KNOWN
NAME STATE	ZIP ADDRESS CITY			

EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME (CURRENT OR LAST)	ADDRESS	DATES EMPLOYED (MONTH/YEAR) FROM TO	
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START END
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (CURRENT OR LAST)	ADDRESS	DATES EMPLOYED (MONTH/YEAR) FROM TO	
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START END
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (CURRENT OR LAST)	ADDRESS	DATES EMPLOYED (MONTH/YEAR) FROM TO	
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START END
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ACKNOWLEDGMENT

- I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
- Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
- I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.
- I waive my right under CC 1786.53 to receive copies of public information, as defined in that section, the Company acquires in the course of an investigation for employment consideration or promotion unless the Company uses that information to take an adverse action. Yes _____ No _____
- I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the employer's President.
- Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during, or for one year after employment, to leave this employer and commence work with another Company.
- I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Date _____

Signature _____