

## **EMPLOYMENT APPLICATION**

Our business fully subscribes to the principles of equal employment. All applicants and employees are considered for hire and promotion without regard to race, color, religion, gender, national origin, age, handicap, or status as a veteran.

**Directions:** Complete all questions. Print or type responses. If unable to complete a response in the space provided, write on backside of Certification page or attach additional pages. Return completed application to store office.

2. Street Address 3. A	partment or Lot nu	ımber			
		3. Apartment or Lot number			
4. City 5. St	tate	6. Zip			
7. Primary Back-up 8. E-   Phone No Phone No	8. E-mail address				
9. Position sought: (Please specify-do <u>NOT</u> write "ANY"): 10.	10. Number of hours per week desired:				
11. Have you ever been employed by this company?   Yes   No   If yes, when?					
12. Salary desired: \$ per hour or \$ per month					
13. When would be the earliest date that you would be available to start work? Date:///					
14. Military experience:   Yes   No   Branch of Military:     MOS and Primary Duties:					
15. Respond to the following questions:     a. Are you eligible to work in the U.S.?  YesNo     b. Have you ever been convicted of a felony?*  YesNo     c. Have you ever been convicted of a drug-related crime?*  YesNo     d. For positions that require driving of motor vehicles-Do you have a valid driver's license?YesNo   Mo     d. For positions that require driving of motor vehicles-Do you have a valid driver's license?YesNo   If yes, for what reason?					

16. EXPERIENCE:						
Please list all jobs during the last 10 years (including self-employment and military service), beginning with the most recent. List & explain						
any gaps in employment. If more space is needed, attach a separate page to this application. Resumes are helpful.						
Employer Name:	Supervisor Name	:				
Address:	City:	State:	Zip:			
Telephone No:	Job Title: Job Duties:					
Reason for leaving:		Employed from	(mo/yr) to			
Starting wage:	Final wage:					
Can you provide writ	ten evidence of satisfactory employment with this employer?	Yes	No			
Employer Name:	Supervisor Name	:				
Address:	City:	State:	Zip:			
Telephone No:	Job Title: Job Duties:					
Reason for leaving:		Employed from	(mo/yr) to			
Starting wage:	Final wage:					
Can you provide writt	ten evidence of satisfactory employment with this employer?	Yes	No			
Employer Name:	Supervisor Name	:				
Address:	City:	State:	Zip:			
Telephone No:	Job Title: Job Duties:					
Reason for leaving:		Employed from	(mo/yr) to			
Starting wage:	Final wage:					
Can you provide writt	en evidence of satisfactory employment with this employer?	Yes	No			
17. Explain any gaps	in your employment that were 3 months or greater:					
18. References: List two non-relatives who would be willing to provide a reference for you (attach reference letters if available).						
Name:		Relationship				
Telephone	Email address					
Name:	Relationship					
Telephone	Email address					

Certification: I certify that the Information I have provided in this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed.

I understand & agree that employment with this employer is for no definite period & may be terminated at any time by me or the employer, for any reason. I also understand & agree that the employer may change its rules, policies, & procedures at any time.

If hired, I agree to provide appropriate documentation required by law to identify me and my eligibility to be lawfully employed in the United States, within three (3) working days of employment.

I acknowledge, understand, and agree that any action or suit against Ebels General Store, Little Town Jerky Company, and/or Dawn Fresh Catering, Inc., arising out of my employment or termination of employment, including, but not limited to, claims arising under state, federal, local civil rights statutes or ordinances, must be brought within the statutorily specified time limit or 182 days of the event giving rise to the claim, whichever is less, or be forever barred. Any statute of limitations which exceeds 182 days is expressly waived

I understand that the employer has a Prohibited Substances policy that prohibits use of judgment-impairing substances such as alcohol, illegal drugs, prescription drugs, controlled substances, and medically prescribed marijuana, at work. Employment offers are conditioned upon results of post-offer screening. Once hired, substance screening may occur at any time & positive screens may result in discharge.

I release and hold harmless my references and prior employers to fully disclose information about my employment with them, including performance reviews and ratings, pay rates, attendance record, job duties, safety record, and eligibility for rehire.

**Applicant Signature** 

Date