



**PREVIOUS EMPLOYMENT**

(Most Recent First)

**A resume may be attached to supplement (but not replace) this information.**

Employment Dates Mo.Yr. to Mo.Yr.	Company Name/Address and Phone Number	Position	Supervisor	Reason for Leaving	May We Contact for a Reference?

**PROFESSIONAL REFERENCES**

Name and Occupation	Address	Phone Number	Years Known	Relationship

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**ADDITIONAL INFORMATION**

In the space below, provide any additional information that will assist us in evaluating your qualifications for employment, including technical training/education, professional certifications, employee awards, memberships, and scholastic honors. (You may exclude affiliations which might indicate race, religion, age, gender identify, sexual orientation, veteran status or any other protected classification.)

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**CERTIFICATION -- PLEASE READ CAREFULLY**

(You must initial every paragraph and sign below.)

1. \_\_\_\_\_ I certify that the answers given by me to questions on the application and statements made by me are complete and true to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of information may result in denial of employment or, if hired, may result in termination. I understand that the Company will consider this application active for 60 days from the date of submission, after which I must reapply if interested in employment.

2. \_\_\_\_\_ I agree and understand that, if I am hired, my employment with the Company will be at-will, which means that the Company or I may end the employment relationship at any time, with or without cause or prior notice. I also understand that this at-will aspect of my employment may not be changed except by an individualized written employment agreement signed both by the Company's CEO or President and me.

3. \_\_\_\_\_ I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company all information about my previous employment and education, along with any other pertinent information they may have.

4. \_\_\_\_\_ I agree that to the fullest extent allowed by law, any controversy, claim or dispute between me and the Company, and/or any of its related entities, holding companies, parents, subsidiaries, divisions, officers, shareholders, directors, employees, agents, insurers, predecessors, successors, and assigns (collectively, "Company") relating to or arising out of my application for employment, employment, or the cessation of my employment will be submitted to final and binding arbitration as the sole and exclusive remedy, regardless of whether such dispute is initiated by Company or me. All claims subject to this Agreement must be arbitrated in an individual capacity. Both Company and I expressly waive our rights (i) to utilize class or collective action procedures in asserting a claim subject to this Agreement; and (ii) to the extent permitted by applicable law, including the Federal Arbitration Act, to utilize representative action procedures in asserting a claim subject to this Agreement. Under no circumstances shall the arbitrator have jurisdiction to decide any dispute on anything other than an individual basis. The arbitration shall be before a neutral arbitrator in the county in which I work or last worked for Company, for determination in accordance with the JAMS Employment Arbitration Rules and Procedures (including any subsequent modifications or amendments to such Rules), to the extent those Rules do not conflict with this Agreement. (I understand that a copy of the most current JAMS Rules may be obtained from Company's Human Resources Department or by visiting <http://www.jamsadr.com/rules-employment-arbitration/>.) In any such arbitration, the parties may conduct discovery to the same extent as would be permitted in a court of law. The arbitrator will issue a written decision stating the essential findings and conclusions on which the award is based, and will have full authority to award all remedies that would be available in court. Company will pay all arbitrator's fees and costs beyond what would normally be incurred had the matter been resolved in court. Any judgment upon the award rendered by the arbitrator may be entered in any court in the county where the arbitration award was rendered. Questions of arbitrability, including whether claims can proceed on a class, collective, or representative basis, may only be decided by a court. This Agreement is governed by and enforceable under the Federal Arbitration Act. If for any reason the Federal Arbitration Act is held not to apply to this Agreement or any portion of it, the Agreement shall, to that extent, be governed by and enforceable under the laws of the state in which I am or was last employed by Company. If any provision of this Agreement is found to be unenforceable, the remainder of this Agreement shall remain in full force and effect, as if the unenforceable or invalid provision did not exist. BY AGREEING TO THIS BINDING MUTUAL ARBITRATION PROVISION, BOTH I AND COMPANY GIVE UP ALL RIGHTS TO A TRIAL BY JURY.

I AGREE TO ALL OF THE ABOVE STATEMENTS:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**EQUAL EMPLOYMENT OPPORTUNITY DATA**

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**Date:**

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. This information is separated from your employment application and/or resume and maintained in a separate confidential file. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

**Applicant Name:**

**Position Applying for:**

**How did you hear about this position? Check one.**

- Walk in  
 Employment Agency  
 Newspaper  
 Internet Posting  
 Employee Referral  
 Other: \_\_\_\_\_

Sex:  Male  Female

- Race/Ethnicity:  American Indian/Alaskan Native  
 Asian  
 Black or African-American  
 Hispanic or Latino  
 White (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander  
 Two or more races

Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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**To be completed by employer:**

- EEO-1 Category:  1a. Executive/Senior Level Officials and managers  
 1b. First/Mid Senior Level Officials and Managers  
 2. Professionals  
 3. Technicians  
 4. Sales Workers  
 5. Administrative Support Workers  
 6. Crafts Workers  
 7. Operatives – semi-skilled  
 8. Laborers and Helpers  
 9. Service Workers

**Employer information completed by:**

**Date:**