LA ASH, INC. EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, AND ANY OTHER LEGALLY PROTECTED STATUS. IT IS OUR POLICY TO ABIDE BY ALL FEDERAL, STATE, AND LOCAL LAWS CONCERNING DISCRIMINATION IN EMPLOYMENT. NO QUESTION IN THIS APPLICATION IS INTENDED TO ELICIT INFORMATION IN VIOLATION OF ANY SUCH LAW NOR WILL ANY INFORMATION IN RESPONSE TO ANY QUESTION BE USED IN VIOLATION OF ANY SUCH LAW.

		PERSON	AL INFORM	MATION			
NAME:	Last	First	Middle	DATE OF APPLICATION:			
ADDRESS:				HOME PHONE:	()		
CITY, STATE, ZIP:				HOW LONG AT PRESEN	T ADDRESS?		
HAVE YOU PREVIOUS IF YES, GIVE DATE		LOYED BY THIS ORGA	YES NO				
SOCIAL SECURITY NO:				DRIVERS LICENSE NO:			
APPLYING FOR: FULL TIME PART TIME TEMPORARY EXPECTED PAY:							
EMERGENCY CON				•			
ARE YOU WILLING TO WORK OVERTIME? DATE AVAILABLE TO WORK:							
ARE YOU EMPLOYED NOW?							
		EDUCATION	ON AND TE	LAINING			
SCHOOL	NAME AND LO	CATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS <u>COMPLETED</u>	DID YOU GRADUATE	DIPLOMA OR DEGREE	
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
COLLEGE OR UNIVERSITY							
TRADE SCHOOL							
APPRENTICE SCHOOL							
LIST ANY OTHER E	EDUCATION, TRAIL	NING, SPECIAL SKILL	OR CERTIFICA	TES THAT YOU POSSESS	:		

LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT:

List Present and Former Employers beginning with most rece	EXPERIENCE ent.		
COMPANY NAME:	TYPE OF BUSINESS:	PHONE:	
ADDRESS:	From:		
NAME AND TITLE OF SUPERVISOR:			
LIST LAST JOB TITLE AND DESCRIBE YOUR WORK:		WAGES: Beginning: Ending:	
REASON FOR LEAVING:			
COMPANY NAME:	TYPE OF BUSINESS:	PHONE:	
ADDRESS:	EMPLOYED (Month and Year) From: To:		
NAME AND TITLE OF SUPERVISOR:		·	
LIST LAST JOB TITLE AND DESCRIBE YOUR WORK:		WAGES: Beginning: Ending:	
REASON FOR LEAVING:			
COMPANY NAME:	TYPE OF BUSINESS:	PHONE:	
ADDRESS:	EMPLOYED (Month and Year) From: To:	·	
NAME AND TITLE OF SUPERVISOR:			
LIST LAST JOB TITLE AND DESCRIBE YOUR WORK:	WAGES: Beginning: Ending:		
REASON FOR LEAVING:			

SKILLS AND QUALIFICATIONS HAVE YOU HAD ANY OTHER EXPERIENCES OR QUALIFICATIONS IN ADDITION TO THOSE INDICATED ABOVE WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING? IF SO PLEASE DESCRIBE: REFERENCES LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU, OTHER THAN LISTED ABOVE. NAME TITLE BUSINESS PHONE NO. YEARS KNOWN ADDITIONAL EMPLOYMENT - RELATED INFORMATION CAN YOU VERIFY YOUR LEGAL RIGHTS TO WORK IN THE US BY PROVIDING A BIRTH CERTIFICATE, PROOF OF US CITIZENSHIP, OR BY SOME OTHER MEANS? (Proof of US Citizenship or immigration status is required upon employment) IF YOU ARE UNDER 18 CAN YOU FURNISH A WORK PERMIT? YES _____ NO ____ N/A ____ ARE YOU ABLE TO PERFORM THE JOB(S) FOR WHICH YOU ARE APPLYING? YES _____ NO ____ HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES. YES _____ NO ____ IF YES, PLEASE DESCRIBE: LIST PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS ADDRESS: FROM: TO:_____ ADDRESS: FROM: TO:_____ ADDRESS: _ FROM: TO:_____

PERSONAL REMARKS:			

PLEASE READ CAREFULLY BEFOR	APPLICANT'S RE SIGNING.	CERTIFICATION	
I certify that, to the best of my knowle me in this application are correct and application may result in my discharge	complete. I understand that m	ven by me to the forgoing questio nisrepresentation or omission of th	ns and the statements made by ne facts in this
I authorize you to communicate with t my skills, character and responsibility	hose employers I designated, s	school officials and persons name	ed as references concerning
If employed, I understand and agree t employment will not be governed by a	hat such employment may be a my expressed or implied contra	terminated at any time without pri act but is at-will.	or notice, and that my
APPLICANTS SIGNATURE:	Park (1970)	DATE:	
DO N	OT WRITE BELOW -	FOR COMPANY USE (DNLY
OFFER TO BE EXTENDED? YES	NO		
NOTIFIED ONBY		CONFIRMED I	N WRITING
JOB TITLE: STARTING DATE:		HOURLY \$ WEEKLY \$	
FULL TIME REGULAR: PART TIME REGULAR:	FULL-TIME TE		
HOURS PER WEEK: SCHEDULED WORK DAYS: BENEFITS: FULL 'PRO	DRATED NONE		•
IN ADDITION, THE CANDIDATE WIL OFFER OF EMPLOYMENT:	L BE ADVISED OF THE FOLL	OWING CONDITIONS AND TER	RMS AS PART OF THIS

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