



EQUAL OPPORTUNITY EMPLOYER
"AT WILL" EMPLOYER

**APPLICATION FOR
EMPLOYMENT**

DATE
SUBMITTED: _____

PLEASE PRINT USING INK

(Application effective for 90 days only)

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	HOME TELEPHONE
STREET ADDRESS			BUSINESS TELEPHONE
CITY, STATE, ZIP			EMAIL ADDRESS
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?		YES NO (Circle one)	SOCIAL SECURITY #
IF	MONTH AND YEAR	DEPARTMENT	
YES:	/	-	
POSITION DESIRED			DESIRED PAY
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE USA?		YES NO (Circle one)	WHEN ARE YOU AVAILABLE TO BEGIN WORK?
<i>(Proof of citizenship or immigration status will be required upon employment.)</i>			
LIST THE NAME(S) OF ANY OF YOUR FRIENDS OR RELATIVES WHO WORK FOR US			CAN YOU WORK NIGHTS?
			YES NO (Circle one)
HAVE YOU EVER BEEN SUBJECT TO DRUG AND/OR ALCOHOL TESTING UNDER STATE OR FEDERAL DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS?		YES NO (Circle one)	ARE YOU AT LEAST 18 YEARS OLD?
			YES NO (Circle one)
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES NO (Circle one)	IF "YES," PROVIDE DETAILS.
<i>(Conviction will not necessarily preclude employment.)</i>			
ARE YOU CURRENTLY BOUND BY A NONCOMPETITION OR TRADE SECRET AGREEMENT?		YES NO (Circle one)	IF "YES," PROVIDE DETAILS.
HAVE YOU EVER WORKED FOR US BEFORE?		YES NO (Circle one)	
IF YES, PROVIDE INFORMATION BELOW UNDER EMPLOYMENT RECORD:			

JOB REQUIREMENTS	
DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REVIEWED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.	
AFTER REVIEWING THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING, ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION?	Yes No (Circle one)

EDUCATION					
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS	GRADUATE?	DEGREE/DIPLOMA
Graduate					
College					
Business/Trade/Technical					
High School					
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)					

EQUAL OPPORTUNITY & "AT WILL" EMPLOYER

This company is an Equal Opportunity Employer and employs, retains, promotes, terminates, and otherwise treats all employees and job applicants without regard to race, religion, color, sex, disability, national origin, ancestry, pregnancy, age, veteran status, genetic information, or any other consideration made unlawful by federal, state, or local laws.

This company is an "at will" employer. This means that employment at the company is terminable at the will of either the employee or the company, at any time, with or without cause, and with or without notice, for any reason not prohibited by law. The only exception is when a written contract of employment for a fixed duration or for other than "at will" employment is signed by an employee and Creekstone's President.

EMPLOYMENT RECORD

PLEASE GIVE AN ACCURATE AND COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER. **USE AN ADDITIONAL SHEET IF MORE THAN 3 EMPLOYERS.**

1	EMPLOYER NAME	TELEPHONE
	ADDRESS	EMPLOYED – (GIVE MONTH AND YEAR) FROM: _____ TO: _____
	NAME(S) OF SUPERVISOR(S)	SALARY START: _____ LAST: _____
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING MAY WE CONTACT THIS EMPLOYER? YES NO
2	EMPLOYER NAME	TELEPHONE
	ADDRESS	EMPLOYED – (GIVE MONTH AND YEAR) FROM: _____ TO: _____
	NAME(S) OF SUPERVISOR(S)	SALARY START: _____ LAST: _____
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING MAY WE CONTACT THIS EMPLOYER? YES NO
3	EMPLOYER NAME	TELEPHONE
	ADDRESS	EMPLOYED – (GIVE MONTH AND YEAR) FROM: _____ TO: _____
	NAME(S) OF SUPERVISOR(S)	SALARY START: _____ LAST: _____
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING MAY WE CONTACT THIS EMPLOYER? YES NO

SIGNATURE

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application, any required document, or interview(s) may result in discipline, up to and including termination of my employment.

I understand that this application for employment shall be considered active for a period of time not to exceed 90 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT WILL." THIS MEANS EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT ANY TIME BY EITHER ME OR THE COMPANY. I UNDERSTAND THAT NO HANDBOOK, MANUAL, OTHER DOCUMENT, OR STATEMENT SHALL LIMIT THE COMPANY'S RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, OR TO MAKE CHANGES TO MY POSITION, TITLE, JOB RESPONSIBILITIES, OR COMPENSATION LEVEL; THAT NO MANAGER, SUPERVISOR, OR OTHER EMPLOYEE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A FIXED DURATION OR FOR OTHER THAN "AT WILL" EMPLOYMENT; AND THAT ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO MAKE SUCH AN AGREEMENT IF IT IS IN WRITING AND SIGNED BY THE PRESIDENT AND ME.

I understand that any employment offer is contingent upon the following: (i) my providing, within three (3) days of employment, valid proof of my identity and eligibility to work in the United States; (ii) my consent to be tested for drugs and/or alcohol in accordance with the company's Drug and Alcohol Policy; (iii) my passing a physical examination by the company; and (iv) my compliance with all rules, policies, and regulations of the company.

DATE _____

SIGNATURE _____