

APPLICATION FOR EMPLOYMENT

AS YOU WISH

EQUAL OPPORTUNITY EMPLOYER: *AS YOU WISH* IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER CONDITION OR CHARACTERISTIC PROTECTED BY APPLICABLE LAW.

PERSONAL

NAME _____ DAY TELEPHONE(_____) _____ - _____

STREET ADDRESS _____

Apt# _____ CITY, STATE _____ ZIP CODE _____

CELL PHONE(_____) _____ - _____ ARE YOU 16 YRS OF AGE OR OLDER? _____

POSITION APPLIED FOR _____ EXPECTED SALARY\$ _____

DATE AVAILABLE FOR WORK _____ FULL TIME OR PART TIME _____

SPECIAL SCHEDULING NEEDS _____

ARE YOU A U.S. CITIZEN OR OTHERWISE LAWFULLY PERMITTED TO WORK IN THE USA? _____

HAVE YOU BEEN EMPLOYED BY *AS YOU WISH* IN THE PAST? _____

IF YES, WHEN AND WHY DID YOU LEAVE? _____

DO YOU HAVE FRIENDS CURRENTLY EMPLOYED BY *AS YOU WISH*? _____

IF YES, WHO _____

WHY DO YOU WANT TO WORK FOR *AS YOU WISH*? _____

DO YOU HAVE ANY LIMITATIONS THAT WE SHOULD BE AWARE OF? _____

IF YES, EXPLAIN _____

EMERGENCY CONTACT NAME _____

DAY TIME PHONE(_____) _____ CELL PHONE(_____) _____

EDUCATION

HIGH SCHOOL _____ # OF YEARS _____

DID YOU GRADUATE? _____

COLLEGE _____ # OF YEARS _____

DID YOU GRADUATE? _____ MAJOR _____

WORK EXPERIENCE

CURRENT
EMPLOYER _____ POSITION _____

PHONE # _____ MAY WE CONTACT YOUR EMPLOYER _____

WHY ARE YOU LEAVING? _____

FORMER EMPLOYER (1) _____ PHONE# _____

POSITION AND BRIEF OUTLINE OF DUTIES _____

FORMER EMPLOYER (2) _____ PHONE# _____

POSITION AND BRIEF OUTLINE OF DUTIES _____

HAVE YOU EVER BEEN DISCHARGED OR SUSPENDED FROM EMPLOYMENT? ___ YES ___ NO
IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN ASKED TO RESIGN FROM YOUR EMPLOYMENT? ___ Yes ___ No
IF YES, EXPLAIN _____

HAVE YOU SIGNED A NON-COMPETE, NON-SOLICITATION, OR CONFIDENTIALITY
AGREEMENT WITH A CURRENT OR PRIOR EMPLOYER? ___ Yes ___ No

IF YES, PLEASE PROVIDE THE DATE(S) OF THE AGREEMENT(S), WITH WHOM YOU
ENTERED INTO EACH AGREEMENT AND A COPY OF THE AGREEMENT.

REFERENCES

LIST 2 REFERENCES

NAME _____ RELATIONSHIP _____

TELEPHONE # _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP _____

TELEPHONE # _____ YEARS KNOWN _____

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT STATEMENT AND AGREEMENT

PLEASE READ CAREFULLY

I affirm that the facts set forth in the application above are true and complete to the best of my knowledge. False statements in this application may result in a refusal to hire, revocation of an offer of employment, or termination of employment once falsity of a statement becomes known.

I hereby authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by an employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer.

I further understand that *As you Wish* may conduct a background check which may include checking references, criminal history, education, experience, references and other sources. I understand that hiring may be contingent upon receipt of satisfactory results.

I agree that if I am employed by *As you Wish*, the employment relationship is “at-will” which means that either *As You Wish* or I may terminate the employment relationship at any time with or without cause or notice. I understand and agree that no manager, supervisor or representative of *As You Wish* other than the President or Vice President, has the authority to enter into any agreement for employment for any specified period of time or enter into any agreement contrary to any provisions in this Applicant Statement. I understand that to be binding, such an agreement must be in writing directed to me personally, and signed by both the President and me. No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the at-will employment relationship. I further recognize that if I am employed by *As You Wish* I will receive a job description and assignment of job duties, compensation and benefits and be subject to rules and regulations; but I agree that such job description, job duties, compensation, benefits, rules and regulations are subject to change by *As You Wish* with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by *As You Wish*

As a condition of application for employment and for employment, if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with *As You Wish* more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of and I agree to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period), to the extent permitted by applicable law. I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 calendar days, I agree that any employer action that is the subject of a lawsuit or action, including those related to discrimination, benefits, termination of employment, or other terms or conditions of employment, is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires) and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including continuing violations and I agree to waive the application of continuing violations doctrines.

This provision does not prohibit the timely filing of a charge of discrimination under federal law with the EEOC and the EEOC's right to investigate is maintained. However, filing a charge or claim with any administrative agency, including the EEOC or internally with the Company, does not toll (hold in abeyance) the 180 calendar day period for my filing of a civil suit and if I wish to obtain individual relief, I understand that any lawsuit must be file within 180 days of the complained of action.

I have read, understand, and agree to the above statements and conditions of employment.

Signature: _____ Date: _____

AUTHORIZATION OF THIRD PARTIES TO RELEASE INFORMATION

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND AUTHORIZE ANY FORMER EMPLOYERS AND EDUCATIONAL INSTITUTION TO GIVE ANY AND ALL INFORMATION REQUESTED REGARDING EMPLOYMENT. I WAIVE ANY RIGHTS TO NOTICE OF THIS RELEASE THAT I MAY HAVE. I CERTIFY THAT STATEMENTS ARE TRUE AND FALSE REPRESENTATIONS OR OMISSION OF FACTS CALLED FOR HEREIN WOULD BE CAUSE FOR DISCHARGE REGARDLESS OF WHEN DISCOVERED.

SIGNATURE: _____ DATE: _____

Employer Notes: