



ELEVATING SLEEP™

Application for Employment

Equal access to all programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for: _____ Date of application: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone number: _____ Cell phone number: _____

If you are under 18, and it is required, can you furnish a work Permit? Yes No

If no please explain: _____

Have you ever been employed here before? Yes No Are you related to a current employee? Yes No

If yes give dates and positions: _____

How did you hear about us? _____

Are you legally eligible for employment in the U.S.? Yes No

Date Available for work: _____ Desired Salary: \$ _____

Type of employment desired: Full-time Part-Time Educational Co-Op

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes please provide date(s) and details: _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

Employment History

From: _____ To: _____ Employer: _____ Phone number: _____

Job Title: _____ Address: _____

Immediate Supervisor's Name: _____

Summarize your job duties/responsibilities: _____

Reason for leaving: _____ Salary: \$ _____

From: _____ To: _____ Employer: _____ Phone number: _____

Job Title: _____ Address: _____

Immediate Supervisor's Name: _____

Summarize your job duties/responsibilities: _____

Reason for leaving: _____ Salary: \$ _____

Employment History Continued

From: _____ To: _____ Employer: _____ Phone number: _____

Job Title: _____ Address: _____

Immediate Supervisor's Name: _____

Summarize your job duties/responsibilities: _____

Reason for leaving: _____ Salary: \$ _____

Skills and Qualifications

Summarize and training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

References:

Education Background

Name of Establishment	Did you Graduate	Course of Study
High School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
College: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	_____

Applicant Statement

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided that is found to be false or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of application, or (ii) immediately discharge me from service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____ / _____ / _____