

FLYING HILLS COMPANY APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part time [] Full time Date _____

Hours/Days available to work: _____

Name _____
(Print) Last First Middle

Present Address _____
Street and Number City State Zip Code
 How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip Code
 How long did you live there? _____
Years Months

Telephone Number _____

Have you ever worked for this Company before? [] Yes [] No

If yes, please give dates and position: _____

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

If yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

[] Yes [] No

If yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed From</u> (mo/yr) _____ <u>To (mo/yr)</u>	<u>Pay Start</u> \$ _____ <u>Final</u> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed From</u> (mo/yr) _____ <u>To (mo/yr)</u>	<u>Pay Start</u> \$ _____ <u>Final</u> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____ _____ _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____ _____ _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____ _____ _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. _____

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

YEAR _____	NUMBER OF DAYS _____
YEAR _____	NUMBER OF DAYS _____
YEAR _____	NUMBER OF DAYS _____

EDUCATION

Level of Education	School Name	Years Completed (Circle)	Diploma/Degree Awarded	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:		4 5 6 7 8			
High School:		9 10 11 12			
College/University:		1 2 3 4			
Graduate/Professional:		1 2 3 4			
Trade or Correspondence:					
Other:					

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? [] Yes [] No

State: _____ Lic. No. _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No

If yes, please explain circumstances: _____

Do you have personal automobile insurance? [] Yes [] No

If no, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If yes, please explain the outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense Date Location Offense Date Location

Offense Date Location Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be terminated. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my 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.

I understand that "Flying Hills Company" (hereinafter "Company") reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may investigate my criminal, credit, and driving record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with personal references and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I understand that the Company may require me to complete pre-employment personality, aptitude, behavioral and/or other testing, in an effort to obtain further information as to my character and personality. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without cause.

I also agree that while employed with the Company, should I be convicted of a misdemeanor or felony, I will notify the Company immediately of the nature of the crime and conviction. I understand that criminal convictions before and/or during employment will alter my eligibility for employment with the Company and may result in termination of my employment.

This is the entire agreement between the Company and I regarding the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the Owner of the Company. No supervisor or representative of the Company, other than its Owner, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If you have any questions regarding this statement, please ask a Company representative before signing. Do not sign until you have read the above statement and agreement.

I hereby acknowledge that I have read, understand, and agree to the above statements.

SIGNATURE OF APPLICANT

DATE