

# BLACK OAKS, INC.

## Application for Employment

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics except where a reasonable, bona fide occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled and handicapped employees.

*All questions must be answered carefully and completely. If you have a resume you may attach it, but you MUST fill in the required information on the application form. All applications MUST be completed on-site and MUST be personally completed by the applicant ONLY.*

**PLEASE TYPE OR PRINT.**

Name _____	_____	_____
Last	First	Middle
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name _____	
Address _____	Phone No. (____) _____	
Number and Street		
_____	Message Phone (____) _____	
City State Zip		
	Email _____	

### EMPLOYMENT DESIRED

Position Desired _____	Salary Desired _____	When can you start working? _____
Check type of employment desired:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
If not Full Time, days available:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
If not Full Time, hours available _____	Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PERSONAL DATA

Have you ever applied to or been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date _____
Do you have any friends or relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name(s) _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Number: _____	State of Issue: _____
Are you able to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If under 18, hire is subject to verification that you are of minimum legal age.</i>
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Proof of citizenship or immigration status will be required upon employment.</i>
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the branch: _____
Was separation for any reason other than a honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the circumstances of the discharge: _____
_____	

**EMPLOYMENT EXPERIENCE**

*Start with your most recent job. Feel free to attach additional pages if necessary. You MUST complete this section even if attaching a resume. Dates of employment must be stated in months AND years. Account for all periods of unemployment.*

1) Employer	Dates Employed		Work Performed
	From	To	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
2) Employer	Dates Employed		Work Performed
	From	To	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
3) Employer	Dates Employed		Work Performed
	From	To	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
4) Employer	Dates Employed		Work Performed
	From	To	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			
5) Employer	Dates Employed		Work Performed
	From	To	
	Address		
	Phone No.		
	Job Title	Supervisor	
Reason For Leaving			

**SPECIAL SKILLS AND QUALIFICATIONS**

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

Office Equipment: _____
Computer Software: _____
Other Equipment: _____
Other: _____
_____
_____

**EDUCATION AND TRAINING**

Type of School	Name and Location of School (Provide full names of schools - not initials)	Dates Attended	Name and Date of Degree Earned	Major and Minor Fields of Study
High School or Trade School		<i>Do not supply dates for high school</i>	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tech. School				
College(s)				

**PROFESSIONAL REFERENCES**

List below three people you have worked with for at least one year (do not list supervisors). Do not list relatives or friends unless you have worked with them.

Name _____	Occupation _____	Phone No. _____
No. years acquainted _____	Company where you worked together: _____	
Name _____	Occupation _____	Phone No. _____
No. years acquainted _____	Company where you worked together: _____	
Name _____	Occupation _____	Phone No. _____
No. years acquainted _____	Company where you worked together: _____	

**APPLICANT'S CERTIFICATION AND AUTHORIZATION**

Please read carefully and sign/date below. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment and the answers given by me are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize any present/past employer or supervisor, college/university/other institution of learning, court, personal reference, and/or other persons, to give records or information they may have concerning my employment, education, criminal history, motor vehicle history, workers' compensation claims, or other information requested by the Company or its representative. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I here agree to submit to binding arbitration all disputes and claims arising out of the submission of this applicant. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I hereby understand and acknowledge any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. I further understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

**I have read, understand, and agree to the above:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name Printed