

APPLICATION FOR EMPLOYMENT



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

Position applied for _____ Date of application _____

PERSONAL

Please Print Using Ball Point Pen

FULL NAME _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET CITY STATE ZIP HOW LONG HOME TELEPHONE #

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP HOW LONG MESSAGE TELEPHONE #

IF NO PHONE, HOW MAY WE CONTACT YOU? _____

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS?
[] YES [] NO IF YES, NAME OF RELATIVE: _____

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?
[] YES [] NO IF YES, WHERE? _____ APPROXIMATE DATE: MO/YR. _____

HAVE YOU EVER APPLIED FOR WORK WITH THE COMPANY OR ITS DIVISIONS BEFORE?
[] YES [] NO IF YES, WHERE? _____ APPROXIMATE DATE: MO/YR. _____

HOW WERE YOU REFERRED: _____

GENERAL INFORMATION

ARE YOU BELOW AGE 18? [] YES [] NO IF BELOW AGE 18 PLEASE STATE YOUR AGE _____

CAN YOU SUPPLY WORKING PAPERS? [] YES [] NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [] YES [] NO

IF YES, PLEASE EXPLAIN: _____

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.)

GENERAL INFORMATION (continued)

PLEASE CHECK SCHEDULE AVAILABILITY:

[] I am available and desire to work FULL-TIME (40 hours per week). (Complete Section B.)

[] I am available and desire to work PART-TIME (If less than 40 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

[] Student [] Other Job [] Other (explain) _____

B. Hours Available

	MON	TUE	WED	THUR	FRI	SAT	SUN
From _____ [] A.M. [] P.M.	_____	_____	_____	_____	_____	_____	_____
To _____ [] A.M. [] P.M.	_____	_____	_____	_____	_____	_____	_____

NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

WAGE EXPECTED _____ DATE AVAILABLE FOR WORK _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1 EMPLOYER

NAME OF COMPANY _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE NO. _____

TYPE OF BUSINESS _____

FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

STARTING SALARY \$ _____ ENDING SALARY \$ _____

NAME & TITLE OF IMMEDIATE SUPERVISOR _____

JOB TITLE: DESCRIBE YOUR JOB DUTIES _____

REASON FOR LEAVING (Please Explain) _____

EXPLAIN ANY PERIOD BETWEEN JOBS _____

MAY WE CONTACT EMPLOYER? [] YES [] NO

2 EMPLOYER

NAME OF COMPANY _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE NO. _____

TYPE OF BUSINESS _____

FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

STARTING SALARY \$ _____ ENDING SALARY \$ _____

NAME & TITLE OF IMMEDIATE SUPERVISOR _____

JOB TITLE: DESCRIBE YOUR JOB DUTIES _____

REASON FOR LEAVING (Please Explain) _____

EXPLAIN ANY PERIOD BETWEEN JOBS _____

MAY WE CONTACT EMPLOYER? [] YES [] NO

EMPLOYMENT HISTORY (continued)

3 EMPLOYER

NAME OF COMPANY _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE NO. _____

TYPE OF BUSINESS _____

FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

STARTING SALARY \$ _____ ENDING SALARY \$ _____

NAME & TITLE OF IMMEDIATE SUPERVISOR _____

JOB TITLE: DESCRIBE YOUR JOB DUTIES _____

REASON FOR LEAVING (Please Explain) _____

EXPLAIN ANY PERIOD BETWEEN JOBS _____

MAY WE CONTACT EMPLOYER? [] YES [] NO

4 EMPLOYER

NAME OF COMPANY _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE NO. _____

TYPE OF BUSINESS _____

FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

STARTING SALARY \$ _____ ENDING SALARY \$ _____

NAME & TITLE OF IMMEDIATE SUPERVISOR _____

JOB TITLE: DESCRIBE YOUR JOB DUTIES _____

REASON FOR LEAVING (Please Explain) _____

EXPLAIN ANY PERIOD BETWEEN JOBS _____

MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL	_____	_____	9 10 11 12	[] YES [] NO	_____
COLLEGE	_____	_____	1 2 3 4	[] YES [] NO	_____
COLLEGE	_____	_____	1 2 3 4	[] YES [] NO	_____
GRADUATE SCHOOL	_____	_____	1 2 3 4	[] YES [] NO	_____
BUSINESS, TRADE, OTHER	_____	_____	1 2 3 4	[] YES [] NO	_____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment. _____

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

[] YES [] NO If Yes, please explain _____

PERSONAL OR BUSINESS REFERENCES

1 NAME _____ OCCUPATION BUS. PHONE (____) _____

HOME ADDRESS _____ CITY / STATE / ZIP _____

HOME PHONE (____) _____ TITLE _____ HOW LONG KNOWN _____

2 NAME _____ OCCUPATION BUS. PHONE (____) _____

HOME ADDRESS _____ CITY / STATE / ZIP _____

HOME PHONE (____) _____ TITLE _____ HOW LONG KNOWN _____

NOTIFICATION AND AGREEMENT - Read Before Signing

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

**CONSUMER REPORT
AUTHORIZATION and RELEASE FORM**



To Whom It May Concern:

I have been given notification that a consumer report will be requested and used for the purpose of evaluating me for employment at Huggin' Molly's and, if hired, for promotion, reassignment or retention as an employee at Huggin' Molly's.

Thus, I hereby authorize and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me to furnish Huggin' Molly's and/or its agents with any and all information in their possession regarding me in connection with an application for employment, including consumer report information that may include an independent investigation of my background, references, character, past employment, education, credit history, motor vehicle records, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I agree that a photocopy of this authorization has the same authority and effect as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I also understand that this authorization is a required part of Huggin' Molly's application process.

I release and hold harmless Huggin' Molly's, its parent corporation, subsidiaries, affiliates, officers, directors, agents, representatives, employees and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name Printed

Maiden Name or Other Name(s) Used

Date of Birth

Social Security Number

Driver's License Number/State of License

Signature

Date

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Huggin' Molly's is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Disability or National Origin.

**PRE-EMPLOYMENT DRUG SCREENING
CONSENT AND RELEASE FORM**



As an applicant for employment with Huggin' Molly's, I understand that as a condition of my employment I must provide a sample of my urine or saliva, which will be tested for the presence of drugs. I have received notification and understand that a drug screen test is a required part of Huggin' Molly's application process and will be used for the purpose of evaluating me for employment.

Accordingly, I agree to this requirement and authorize Huggin' Molly's and/or any doctor or medical professional, clinic, laboratory, or medical facility designated by Huggin' Molly's to collect from me one or more urine/saliva samples for this purpose. So that the tests will be valid, I agree not to intentionally contaminate, dilute or otherwise tamper with my urine/saliva sample(s).

I hereby authorize the designated collection site, including its employees and agents, to conduct my drug test and make final determination thereof and/or receive my drug test results directly from the drug testing laboratory administering the drug test on Huggin' Molly's behalf, and I further authorize the designated Medical Review Officer (MRO) to review, and if necessary, make the final determination of said results.

I further consent to the release of the test results to Huggin' Molly's. I authorize and release Huggin' Molly's to forever use the results of any test as is necessary in any proceeding before any state or federal agency or court of competent jurisdiction related to any disciplinary measures that may be taken as a result of such test results.

I further agree to release and hold harmless Huggin' Molly's, its parent corporation, affiliates, subsidiaries, officers, directors, agents, representatives, employees, collection sites, laboratories, Medical Review Officer, and agents from any liability arising in whole or in part out of the collection of specimens, testing and use of the results of said testing in connection with the consideration of my employment.

If employed, I consent to post-accident, random and reasonable suspicion testing in accordance with Huggin' Molly's Drug Free Workplace Policy and the sampling of urine, saliva, and/or blood for drug and/or alcohol screening.

I agree that a reproduced copy of this form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents.

Full Name Printed

Social Security Number

Applicant's Signature Date

Witness Printed Name

Witness's Signature Date