

# Application for Employment

Date \_\_\_\_\_

*Mad River Laser's policy is to provide equal employment opportunity to all qualified persons. Failure to complete the form will not guarantee you an interview. Do not use text slang. Drug testing may be required for employment. Mad River does not currently offer insurance benefits. \* HEADPHONES/CELLPHONES are NOT permitted while working.. \* HEATH INSURANCE IS NOT PROVIDED.*

**Circle Days you are able to work    M    T    W    TH    FR    SAT**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell \_\_\_\_\_ Social Security # \_\_\_\_\_

**When can you start?** \_\_\_\_\_ **Desired Hourly \$** \_\_\_\_\_

I am Available for FULL TIME / PART TIME

Are you willing to work Saturdays?  Yes  No    What hours are you available? \_\_\_\_\_

List any Languages you are able to speak **Fluently**. \_\_\_\_\_

Have you ever been convicted of a felony? *(This will not necessarily affect your application.)*  Yes  No If yes, please describe conditions.

## Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

## Job / Industry Skills

Please list any computer software programs you a **skilled** in. *These should only be programs you are able to run without instruction.*

Have you ever worked in this **industry**? Are you skilled in running similar equipment? *i.e. Engraving, Graphic Design, Promotional, Embroidery, Screen Printing, etc...*  Yes  No

If YES, Please explain

# Employment History (Start with most recent employer)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Are you willing to sign a NON-COMPETE\* form?  Yes  No**

**Are you willing to take Drug Tests?  Yes  No**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. **I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.** This company is hereby authorized to make any investigations of my prior educational and employment history.

**I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.** All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

*\*NON-COMPETE: An agreement between two parties, typically an employee and employer, where the employee agrees not to use information learned during employment in subsequent business efforts for a set period of time. Employers usually insist on non-compete agreements because of the possibility of an employee, upon termination or resignation, working for a competitor or starting a business, and gaining competitive advantage by abusing confidential information about their former employer's trade secrets or sensitive information such as customer/client lists, business practices, upcoming products and marketing plans.*

Attach additional information if necessary.

**Deliver to nicole@madriverlaser.com**

Signature \_\_\_\_\_ Date \_\_\_\_\_