

BARTLETT HOUSE

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability, sex, marital status, veteran status, sexual orientation, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE
STREET ADDRESS			HOME PHONE
CITY AND STATE		ZIP CODE	CELLPHONE
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9.			WHEN WILL YOU BE ABLE TO BEGIN WORK?
IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT INFORMATION

POSITION DESIRED _____ FULL TIME PART TIME TEMPORARY

SALARY DESIRED _____ HOURS DESIRED _____

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME?

YES NO

If yes, please specify the reasons. **It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.**

HAVE YOU EVER BEEN EMPLOYED BY US? Yes No

If yes, give date, location, title, name of supervisor and reason for leaving.

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes No

If yes, give date and position applied for.

DO YOU HAVE ANY RELATIVES WORKING FOR US? Yes No

If yes, please identify them.

HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR, OR PLEADED NO CONTEST TO A FELONY/MISDEMEANOR, OR BEEN FOUND GUILTY OF A FELONY/MISDEMEANOR? YES NO

(Include any and all instances of these foregoing even if adjudication was withheld)

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of offense and description of the case. A felony conviction record will not necessarily bar you from employment: _____

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING		

EMPLOYMENT HISTORY

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER:	EMPLOYER:
Address	Address
City State	City State
DATES EMPLOYED	DATES EMPLOYED
From: To:	From: To:
Supervisor: Phone:	Supervisor: Phone:
Positions Held: Pay Rate:	Positions Held: Pay Rate:
Duties:	Duties:
Reason For Leaving:	Reason For Leaving:
EMPLOYER:	EMPLOYER:
Address	Address
City State	City State
DATES EMPLOYED	DATES EMPLOYED
From: To:	From: To:
Supervisor: Phone:	Supervisor: Phone:
Positions Held: Pay Rate:	Positions Held: Pay Rate:
Duties:	Duties:
Reason For Leaving:	Reason For Leaving:

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YES NO

IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the General Manager, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the General Manager. In addition, 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 and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Applicant's signature: _____ Date: _____

Applicant Name (please print): _____