

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print		Date		
Name				
Last		First		Middle
Business Telephone ()	Home Tele	phone ()	
Email address:				
Present Address				
No.	Street	City	State	Zip
Permanent Address if diff	erent from present ad	dress		
No.	Street	City	State	Zip
Employment Desired	l			
Position applying for:				
Are you applying for:				
Regular full-time worl	k?			Yes No
Regular part-time wor	k?			YesNo
Temporary work, e.g.,	summer or holiday w	vork?		YesNo
What days and hours a If applying for temporary From	work, during what per	riod of time will you b	be available?	
Are you available for wor				YesNo
Would you be available to	work overtime, if ne	cessary?		YesNo
If hired, on what date car	1 you start work?			
Salary desired:				

(more)

Personal Information

Have you ever applied to or worked for Grey Bears before?		No
Do you have any friends or relatives working for Grey Bears If yes, state name(s) and relationship		
Why are you applying for work at Grey Bears		
If hired, would you have a reliable means of transportation to and from work	Yes	_No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	Yes	_No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	Yes	_No
Are you able to perform the essential functions for the job for which you are applying? If no, describe the functions that cannot be performed.		_ No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

Are you currently employed?	Yes	No
If so, may we contact your current employer?	Yes	No

Education, Training and Experience

High School	Name and Address	No. of years Completed	Did you Graduate	Degree or Diploma
School			Yes	
			No	
College/			Yes	
University			No	
V1/			V	
Vocational/ Business			Yes No	
Dusiness				
Health			Yes	
Care/Other			No	
Answer the f	collowing questions if you are applying for a prof	fessional positio	n	
Are you licen	sed/certified for the job applied for?		Ye	s No
Name of lice	nse/certification	Issuin	g state	
License/certif	ication number			
	ication number nse/certification ever been revoked or suspended?			Yes No
Has your lice	nse/certification ever been revoked or suspended?			
Has your lice				Yes No_
Has your lice If yes, state re	nse/certification ever been revoked or suspended?	of reinstatement		
Has your lices If yes, state re	nse/certification ever been revoked or suspended?	of reinstatement		

Employment Application - Page 4

Employment History

List all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer				
Address				
No.	Street	City	State	Zip
Type of Business				
Telephone No. (_)	Your Supervisor's Name		
Your position and Du	ities			
Date of Employment	: From		То	
Reason for Leaving:_				
Name of Employer				
Address				
No.	Street	City	State	Zip
Type of Business				
Telephone No. (_)	Your Supervisor's Name		
Your Position and De	uties			
			То	
Reason for Leaving:_				

Employment Application- Page 5

Name of Employer				
Address				
No.	Street	City	State	Zip
Type of Business				
Telephone No. ()	Your Supervisor's Name		
			То	
Reason for Leaving:				
AddressNo.	Street	City	State	Zip
Type of Business				
Telephone No. ()	Your Supervisor's Name		
Your Position and Dut	ies			
			То	
Reason for Leaving:				

Note: Attach additional page(s) if necessary.

Employment Application- Page 6

Military Service

Have you obtained any special skills or abilities as the result of service in the military Yes	No
If so, describe:	

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name				
Address		City		
No.	Street	City	State	Zip
Occupation				
Felephone No. ()		Number of Years Acqu	ainted	
Name				
Address				
No.	Street	City	State	Zip
Occupation				
Гelephone No. ()_		Number of Years Acqu	ainted	
Name				
Address				
No.		City	State	Zip
Occupation				
Telephone No. ()		Number of Years Acqua	ainted	
		_		

Please Read Carefully, Initial Each Paragraph and Sign Below

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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 the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. 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. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. 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 understand that nothing contained in the 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 Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature	Date

EQUAL OPPORTUNITY EMPLOYER

Grey Bears shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; selection for training (including apprenticeship); and employment, upgrading, demotion, or transfer.

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