



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

DRUG-FREE WORKPLACE

PERSONAL

LAST NAME	FIRST	MIDDLE	DATE
PRESENT STREET ADDRESS			HOME TELEPHONE ()
CITY	STATE	ZIP	CELLPHONE ()
POSITION DESIRED	DATE AVAILABLE	HOURS PER WEEK AVAILABLE	EMAIL ADDRESS
WORK RESTRICTIONS: <hr/>			PAY EXPECTED:

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE				YES NO	
BUSINESS/TRADE TECHNICAL				YES NO	
HIGH SCHOOL				YES NO	
ELEMENTARY				YES NO	

EMPLOYMENT

START WITH YOUR PRESENT OR MOST RECENT EMPLOYER

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB AND DESCRIBE YOUR WORK <hr/> <hr/>	REASON FOR LEAVING:

EMPLOYMENT HISTORY CONTINUED

EMPLOYMENT

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED- (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB AND DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB AND DESCRIBE YOUR WORK	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO

CONTACT. EMPLOYER	REASON

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATIONAL RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE OF NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED? YES NO IF YES, IDENTIFY NAMES AND RELEVANT DATES.

NAME	RELEVANT DATE
NAME	RELEVANT DATE

LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY US

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

REFERENCES

GIVE NAME, TELEPHONE NUMBER, AND COMPANY NAME OF THREE CHARACTER REFERENCES NOT RELATED TO YOU.

NAME	TELEPHONE	COMPANY NAME

APPLICANT STATEMENT

ALL APPLICATIONS ARE ACCEPTED BUT NOT ALL THOSE WHO SUBMIT APPLICATIONS ARE HIRED.

HUNTERS RUN POA, Inc. (Hunters Run) COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. DURING THE INTERVIEW PROCESS, YOU MAY BE ASKED QUESTIONS CONCERNING YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS. IF YOU ARE GIVEN A CONDITIONAL OFFER OF EMPLOYMENT, YOU MAY BE REQUIRED TO COMPLETE A POST-JOB OFFER MEDICAL HISTORY QUESTIONNAIRE. IF REQUIRED, ENTERING EMPLOYEES IN THE SAME JOB CATEGORY WILL BE SUBJECT TO THE SAME MEDICAL QUESTIONNAIRE AND ALL INFORMATION WILL BE KEPT IN CONFIDENTIAL FILES.

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE 30 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

IF THIS APPLICATION FOR EMPLOYMENT IS ACCEPTED, I UNDERSTAND THAT EMPLOYMENT IS NOT FOR ANY GUARENTEED TERM AND MAY BE TERMINATED BY Hunters Run OR EMPLOYEE AT ANY TIME FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT, VERBAL STATEMENT, OR CONDUCT UNLESS SUCH A CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THE ORGANIZATION IN A WRITTEN DOCUMENT TITLED "EMPLOYMENT CONTRACT", AND WHICH SPECIFICALLY STATES THE EMPLOYEE IS NOT AN AT-WILL EMLPOYEE.

I AUTHORIZE Hunters Run TO INVESTIGATE MY BACKGROUND AND ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY TO ARRIVE AT AN EMPLOYMENT DECISION, INCLUDING THE CONTACTING OF THE EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND PERSONS LISTED PREVIOUSLY, AS WELL AS LAW ENFORCEMENT AGENCIES, CREDIT INSITUTIONS, OR OTHER PERSONS HAVING PERSONAL KNOWLEDGE ABOUT ME.

I HEREBY RELEASE AND HOLD HARMLESS MY CURRENT AND FORMER EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND PERSONS OR ORGANIZATIONS NAMED ON THIS APPLICATION OR ACCOMPANYING RESUME FROM ALL LIABILITY ON ACCOUNT OF FURNISHING SUCH INFORMATION TO HUNTERS RUN OR ITS AGENTS.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE, MISLEADING OR OMITTED INFORMATION GIVEN ON MY APPLICATION, INTERVIEW (S) OR ANY OTHER DOCUMENT OR STATEMENT, MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

I CONSENT TO THE COLLECTION OF BLOOD AND/OR URINE SAMPLES, AS REQUESTED FOR THE PURPOSE OF DETERMINING THE PRESENCE OF ALCOHOL AND/OR DRUGS.

I UNDERSTAND THAT IF I AM HIRED I WILL BE SUBJECT TO A 90-DAY INTRODUCTORY PERIOD.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____ DATE _____

Employment Availability

Can you work Holidays? _____

Can you work weekends? _____

Can you work Sundays? _____