

Application for Mooseheart Employment

8/22/2017

Mooseheart is an equal opportunity employer

IMPORTANT: VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, SEX, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCEST HANDICAP OR MILITARY STATUS. INQUIRIES AS TO AGE OR HANDICAP ARE MADE IN GOOD FAITH FOR NON-DISCRIMINATORY PURPOSES. IN COMPLETING THIS APPL PLEASE EXCLUDE ANY INFORMATION THE CHARACTER OF WHICH INDICATES THE RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, PHYSICAL HAN MILITARY STATUS OF THE APPLICANT. PERSONS EMPLOYED BY THIS COMPANY WILL BE REQUIRED TO PROVIDE VERIFICATION OF INFORMATION REPORTED ON THI

Personal Information

Last Name First Name Middle Name Date

Street Address Phone

City, State, Zip Alternate Phone

Position Desired Pay Expected

Are you legally eligible for employment in the United States? Yes No _____
When will you be available to begin work?

Email Address: _____

Additional Skills: _____

How did you hear about Mooseheart? _____

Education Information

High School

Name: _____

Course of Study: _____

Years Completed: _____

Did you graduate? Yes No

Degree / Diploma: _____

College

Name: _____

Course of Study: _____

Years Completed: _____

Did you graduate? Yes No

Degree / Diploma: _____

Other School

Name: _____

Course of Study: _____

Years Completed: _____

Did you graduate? Yes No

Degree / Diploma: _____

Employment Information

Company Name	Phone
Address	From: / / To: / / Employed (Month / Year)
	Starting \$ Ending \$
Name of Supervisor	
Job Title and Duties: _____	
Reason for Leaving: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Phone
Address	From: / / To: / / Employed (Month / Year)
	Starting \$ Ending \$
Name of Supervisor	
Job Title and Duties: _____	
Reason for Leaving: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Phone
Address	From: / / To: / / Employed (Month / Year)
	Starting \$ Ending \$
Name of Supervisor	
Job Title and Duties: _____	
Reason for Leaving: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Phone
Address	From: / / To: / / Employed (Month / Year)
	Starting \$ Ending \$
Name of Supervisor	
Job Title and Duties: _____	
Reason for Leaving: _____	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please provide five personal reference for use of background character reference. (INCLUDE ONE RELATIVE)

Name	Address	Phone
------	---------	-------

Business Occupation/Profession

Business Address	Business Phone	Years Known
------------------	----------------	-------------

Name	Address	Phone
------	---------	-------

Business Occupation/Profession

Business Address	Business Phone	Years Known
------------------	----------------	-------------

Name	Address	Phone
------	---------	-------

Business Occupation/Profession

Business Address	Business Phone	Years Known
------------------	----------------	-------------

Name	Address	Phone
------	---------	-------

Business Occupation/Profession

Business Address	Business Phone	Years Known
------------------	----------------	-------------

Name	Address	Phone
------	---------	-------

Business Occupation/Profession

Business Address	Business Phone	Years Known
------------------	----------------	-------------

Additional Inquiries Concerning Employment History

In order to permit a check of your work and education records, should we be aware of any name change or assumed name that you previously used? Yes No

If yes, identify name(s) and relevant dates: _____

Have you ever been dismissed or requested to resign from any employment? Yes No

Comments: _____

Applicant's Statement

Please read carefully before signing.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

As part of the procedure for processing this application, I understand that an investigative report may be made, by the Company or through an agency. Information for such reports is obtained through personal interviews with third (3rd) parties such as family members, former employers, business associates, financial sources, friends, neighbors, or others who might be acquainted with me. Information sought may relate to character, previous work performance, general reputation, or personal characteristics. If such an investigation is undertaken, I have a right to obtain a copy of any investigative report furnished to the Company by making a written request to the Company or to the agency furnishing the report within a reasonable time from the date of the report.

I hereby agree to submit to any lawful drug or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment. I also understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to assure any other personal action, either prior to commencement of employment or after I have become employed, or to assure any benefit or terms and conditions of employment, or make any agreement contrary to the foregoing.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I hereby certify that all the information contained on the Application for Employment is true and complete. I authorize the Company to contact all sources necessary to verify this information. I understand that any misstatement or omission is cause for dismissal should I be employed.

Should I be employed by the Company I hereby agree, in consideration of that employment, that all inventions, improvements ideas, computer programs, applications or software (hereinafter 'ideas') I conceive, make, reduce to practice, along or in combination with others, during my period of employment by the Company or result from tasks assigned me to the Company, shall be the property of the Company, and that I will make full and timely disclosure of all such items to the Company and in a form prescribed by the Company, and assist the Company, and assist the Company at any time during and subsequent to my employment by it, in every lawful, proper and reasonable manner, to obtain, maintain and enforce patents, copyrights and intellectual property rights on said items, including the execution and assignment of all documents necessary thereto. I further agree to keep confidential and not to use or divulge, unless authorized to do so by the Company,

Signature of Applicant: _____

Date: _____