# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



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## APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE	PAGES 1-5.		DATE		
Name					
	Last	First	Middle	•	Maiden
Present address					
	Number	Street	City State	Zíp	
How long		So	ocial Security No		
Telephone ()					
If under 18, please list a	age				
	) )		Days/hours avai	_ Thur _ Fri _ Sat	
How many hours can yo	ou work weekly?		_ Can you work	nights?	
Employment desired	☐FULL-TIME ONLY	□PART-TIME	ONLY DF	ULL- OR PART	F-TIME
When available for work	?				-
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		OF YEARS LETED	MAJOR & DEGREE
High School				•	
College		· · · · · · · · · · · · · · · · · · ·			
Bus. or Trade School					
Professional School					
If yes, explain number o	N CONVICTED OF A CRI of conviction(s), nature of imposed, and type(s) of re	offense(s) leading to	☐ Yes conviction(s), how	recently such	offense(s) was/were

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DO YOU HAVE A DRIVE	R'S LICENSE?	□ Yes □ No				
What is your means of tra	ansportation to work	k?				
Driver's license number  Chauffeur Expiration date				☐ Operator	☐ Commercial (CDL)	
Have you had any accidents during the past three year Have you had any moving violations during the past thr		-	rs?	How many? How Many?		
	<u> </u>		CE ONLY			
☐ Yes Typing ☐ No Personal ☐ Yes	WPM	10-key		Word Processing	□ Yes □ No	_WPM
Computer 🚨 No	Mac 🗆		Skills			
					· · · · · · · · · · · · · · · · · · ·	
Please list two references	s other than relative	es or previous emp	oloyers.			
Name			Name			
Position			Position			
Company			Company _			
Address			Address _		· · · · · · · · · · · · · · · · · · ·	
Telephone ()			Telephone		· •	
An application form some space below to summariz which you are applying.						
					,	

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APPLICATION FOR EMPLOYMENT					
MIL	TARY				
HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes ☐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	🗆 Yes 🚨	No			
Specialty Date E	ntered	Discharge Date	e		
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title	,			
Reason for leaving (be specific)	•				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your Last Job Title	-			
Reason for leaving (be specific)	•				
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	omotions while you wor	ked at this		

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If not, who did? \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

work Please list your work expe experience If you were self-employed,					nt job held.
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, ski company.	lls used o	or learned	l, advancements or pro	omotions while you w	orked at this
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, ski company.	lls used o	r learned	, advancements or pro	omotions while you w	orked at this
May we contact your present employer?	☐ Yes	□ No			
Did you complete this application yourself	☐ Yes	□ No			

#### PLEASE READ CAREFULLY

#### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Back In Motion** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **BackIn Motion** or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **BackIn Motion** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:
-14-2-	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.