

The Home Ranch

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Thank your taking the time and effort to fill out this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. We will review each application carefully. We hope that we are a good fit and we look forward to working with you. Please attach resume and cover letter with application.

Job Applying for (in order of preference): (1) (2) (3)
 Are you seeking: Full-time Part-time Temporary employment? Email Address: _____
 When are you available to start work? What is your last available work date?

First Name	Last Name	Middle Name	Telephone Number
Present Street Address		City	State
			Zip Code

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?..... Yes No

Have you ever applied here before? Yes No If yes, when?

Were you ever employed here? Yes No If yes, when?

Have you ever been convicted of any law violation?
 Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) Yes No
 If yes, give details
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business
 or employment outside of our job? Yes No
 If yes, give details

Do you have a valid driver's license? Yes No

You may be requested to drive during your employment. Please provide the information below and also on the FCRA Authorization Form (A prior violation will not necessarily disqualify an applicant for employment):

Driver's License Number	Class of License	State Licensed In
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Have you had your driver's license suspended or revoked in the last 3 years? Yes No
 If yes, give details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS				
		Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED:				
College or University:				
Vocational or Technical:				
What skills or additional training do you have that relate to the job for which you are applying?				
What machines or equipment can you operate that relate to the job for which you are applying?				

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM: TO:
CITY, STATE, ZIP CODE , ,		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM: TO:
CITY, STATE, ZIP CODE , ,		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	SUPERVISOR(S)
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM: TO:
CITY, STATE, ZIP CODE , ,		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	SUPERVISOR(S)
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM: TO:
CITY, STATE, ZIP CODE , ,		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	SUPERVISOR(S)
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM: TO:
CITY, STATE, ZIP CODE , ,		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	SUPERVISOR(S)

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Have you worked or attended school under any other names? Yes No

If yes, give names:

Are you presently employed? Yes No

If yes, whom do you suggest we contact?

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain:

Give three references, not relatives or former employers.

Name	Address	Phone
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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.