

<b>INDIANHEAD MOUNTAIN ENTERPRISES, LLC</b>	<b>APPLICATION FOR EMPLOYMENT</b>

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, height, weight, or qualified disability.

**PERSONAL**

Name				Date of Application	
	(Last)	(First)	(Middle)		
Address				Telephone Number	
	(Number)	(Street)	(City)	(Zip)	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you, after hire, submit verification of your legal right to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been previously employed here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date(s)		
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date(s)		
List any friends or relatives working here					

**EMPLOYMENT DESIRED**

Position(s) applied for					
Kind of work sought:	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	Other		
If part time, please specify hours and days desired					
Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for?					
Salary desired		Date available to start work			

Disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation as soon as the need or an accommodation is known. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the person with a disability.

**EMPLOYMENT** (List current or most recent job first)

<b>1</b>	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>2</b>	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>3</b>	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
<b>4</b>	Employer	Date		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

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**EDUCATION**

	Name/Location	Number of Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other educational training

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**REFERENCES** (Do not include relatives)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

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**MILITARY SERVICE RECORD**

Indicate any relevant experience you have received in the Armed Forces of the U.S. or in a State Militia.

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**ADDITIONAL INFORMATION**

Are you currently bound by any agreement with a former employer that would prevent you from working here?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If so, where, when and nature of offense \_\_\_\_\_

Do you have any felony charges pending against you? If so, please explain: \_\_\_\_\_

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

State any additional information that you feel may be helpful to us in considering your application \_\_\_\_\_

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**AUTHORIZATION AND UNDERSTANDING**

Upon signing this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I understand that any offer of employment may be contingent on passing a drug/alcohol screen and/or medical examination, and I consent to same.

I agree that, if hired, my employment is "at will" either party may terminate the employment relationship, with or without cause, at any time. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)