

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS.

RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Position Applied For: _____ Name: _____

Telephone Number: _____ Alternate/Cellular: _____

Current Address: _____

How long have you lived there: Years: _____ Months: _____

Email Address: _____ Desired Salary/Hourly Rate: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? YES NO

Type of employment desired? FULL-TIME PART-TIME Specify Hours: _____

Are you willing to work overtime? YES NO Start Date: _____

Have you previously applied for employment with this Company? YES NO

If YES, when and where did you apply? _____

Have you ever been employed by this Company? YES NO

If YES, provide dates of employment, location and reason for separation from employment: _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc: _____

EDUCATION HISTORY:

HIGH SCHOOL: _____ Graduate? YES NO Years Completed: _____

Courses/Study?Major: _____ Honors Received: _____

COLLEGE: _____ Graduate? YES NO Years Completed: _____

Courses/Study?Major: _____ Honors Received: _____

GRADUATE/PROFESSIONAL: _____ Graduate? YES NO Years Completed: _____

Courses/Study?Major: _____ Honors Received: _____

TRADE/CORRESPONDENCE: _____ Graduate? YES NO Years Completed: _____

Courses/Study?Major: _____ Honors Received: _____



WORK EXPERIENCE:

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period.

Attach additional sheets if needed. If self-employed, supply firm name and business references.

You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

DO NOT ANSWER "SEE RESUME."

Employer Name: _____ Type of Business: _____
Address: _____ Phone: _____ Dates Employed: From: _____ To: _____
Job Title: _____ Duties: _____
Supervisor's Name: _____ May We Contact: YES NO
If NO, why not? _____
Reason for Leaving: _____
What will this employer say was the reason your employment terminated? _____
Were you ever disciplined? If so, for what? _____
How much notice did you give when resigning? If none, explain. _____

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Were you ever disciplined? If so, for what? _____
How much notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? YES NO How Many Times? _____
If YES, please explain circumstances? _____
Has your employment ever been terminated by mutual agreement? YES NO How Many Times? _____
If YES, please explain circumstances? _____
Have you ever been given the choice to resign rather than be terminated? YES NO How Many Times? _____
If YES, please explain circumstances? _____

REFERENCES:

*Please list the names of additional work-related references we may contact.
Individuals with no prior work experience may list school or volunteer-related references.*

Name: _____ Position: _____
Company: _____ Phone: _____
Work Relationship (Supervisor/Co-worker, etc): _____

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Name: _____ Position: _____
Company: _____ Phone: _____
Work Relationship (Supervisor/Co-worker, etc): _____

Please list the names of personal references (not previous employers or relatives) who you know that we may contact

Name: _____ Occupation: _____
Address: _____
Phone: _____ Number of Years Known: _____

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Phone: _____ Number of Years Known: _____

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Address: _____
Phone: _____ Number of Years Known: _____

DRIVING INFORMATION:

Complete only if driving is an essential function of the job for which you are applying.

Do you have a current valid driver's license? _____ If yes, License No.: _____ State: _____

Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? YES NO

If yes, explain: _____

Do you have personal automobile insurance? YES NO

If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? YES NO

If yes, explain: _____

DRIVING VIOLATIONS:

Offense: _____ Date: _____ Location _____

Comments: _____

Offense: _____ Date: _____ Location _____

Comments: _____

APPLICANT CERTIFICATION:

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Creatacor may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Creatacor has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Creatacor's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Creatacor's policies and applicable federal, state, and local law.

If employed by Creatacor, I understand and agree that Creatacor, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.



APPLICANT CERTIFICATION: *(continued)*

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CREATACOR MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF CREATACOR, IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF CREATACOR. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CREATACOR. AND I UNDERSTAND THAT CREATACOR HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Creatacor or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law, if applicable and allowed by law. I will receive separate written notification regarding Creatacor's intent to obtain "consumer reports.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Creatacor or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Creatacor and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Creatacor to provide truthful information concerning my employment to future employers and hold Creatacor harmless for providing such information.

If hired by Creatacor, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Creatacor. I also understand Creatacor employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature: _____ **Date:** _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that Creatacor, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Creatacor personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian: _____ **Witness:** _____

Date: _____ **Date:** _____

