



OFFICE USE ONLY
ID # _____
DATE: _____

## EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

### GENERAL INFORMATION

Name: _____		_____	
Address: _____		City: _____	State: _____ Zip: _____
Telephone Number: _____		How Long Have You Lived at Present Address? _____ yrs _____ mos	
Do You Own/Lease a Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No. _____ State _____ Exp. Date _____ Class A License? _____	
Are You Over 21 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been Convicted Of a Felony? <input type="checkbox"/> Yes* <input type="checkbox"/> No	If Hired, Can You Submit Verification of Your Legal Right to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* A felony conviction will not necessarily disqualify you from employment. The date and nature of the offense and the relevance to the position sought will be considered.

### POSITION

Position Applied For (Be Specific): _____	When Can You Start Work? _____	Pay Rate Desired: \$ _____ per _____
Will You Work: <input type="checkbox"/> Full – Time <input type="checkbox"/> Regular <input type="checkbox"/> Part – Time <input type="checkbox"/> Temporary	Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?: _____	
Have You Ever Worked for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?: _____	How Were You Referred to this Company? _____	List Any Friends or Relatives Employed by this Company. _____

### EDUCATION

Name of School and Location	Major Course of Study	Diploma/Degrees
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
Other Education		<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____
Technical Certificates & Licenses		
Awards		
List Memberships in any Professional or Technical Associations		

**BEGIN WITH YOUR MOST RECENT EMPLOYER AND INCLUDE ALL PERIODS OF UNEMPLOYMENT, MILITARY DUTY AND JOB RELATED VOLUNTEER ACTIVITIES. THIS SECTION NEEDS TO BE COMPLETED REGARDLESS OF WHETHER YOU INCLUDE A RESUME. APPLICANTS HOLDING A COMMERCIAL DRIVER'S LICENSE (CLASS A OR B) MUST LIST LAST 10 YEARS OF EMPLOYMENT, OR IF EMPLOYED FOR LESS THAN 10 YEARS, LIST ALL EMPLOYERS. USE BACK PAGE IF NECESSARY.**

## EMPLOYMENT HISTORY

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position	Salary \$_____/_____
Name of Employer		Type of Business	Business Phone
Address		Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments			

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position	Salary \$_____/_____
Name of Employer		Type of Business	Business Phone
Address		Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments			

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position	Salary \$_____/_____
Name of Employer		Type of Business	Business Phone
Address		Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments			

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position	Salary \$_____/_____
Name of Employer		Type of Business	Business Phone
Address		Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments			

**PRIOR EMPLOYMENT**  
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From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position		Salary \$ _____ / _____
Name of Employer		Type of Business	Business Phone	Supervisor's Name
Address			Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments				

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position		Salary \$ _____ / _____
Name of Employer		Type of Business	Business Phone	Supervisor's Name
Address			Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments				

From Mo_____Yr_____	To Mo_____Yr_____	Current or Last Position		Salary \$ _____ / _____
Name of Employer		Type of Business	Business Phone	Supervisor's Name
Address			Reason for Leaving	
Give Details of Responsibilities, Duties and Accomplishments				

WE MAY CONTACT EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

**DO NOT CONTACT:**

Employer \_\_\_\_\_

Reason \_\_\_\_\_

**Please tell us why you would like to work for Liquid Investments, Inc. in 2 or 3 sentences.**

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## PROFESSIONAL/BUSINESS RELATED REFERENCES

### SUPERVISOR

Reference Name:
Title:
Company:
Telephone No:

### CO-WORKER

Reference Name:
Title:
Company:
Telephone No:

### CO-WORKER

Reference Name:
Title:
Company:
Telephone No:

### FRIEND/RELATIVE

Reference Name:
Title:
Company:
Telephone No:

## NOTIFICATION AND AGREEMENT

**Please read before signing**

**Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding these statements, please inquire before signing. Your application will be given every consideration, but its receipt does not imply that you will be employed.**

I hereby affirm that the information provided on this employment application and/or my resume or during an interview is true and complete to the best of my knowledge. I understand and agree that any falsified information or omissions will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I give the Company permission to contact any or all of my previous employers and references. I also give my previous employers and references permission to release any and all information that pertains to my employment or association with that reference. I hereby release and hold the Company and each previous employer, reference or any other person contacted from any liability concerning the information provided to the Company.

I understand and agree that any employment offer I receive is contingent upon my executing an agreement to arbitrate disputes regarding my employment with the Company.

I acknowledge and agree that my employment is conditioned upon the satisfactory completion of a post-offer physical which will include a test for alcohol and controlled substances residue (drug test).

I consent, upon agreement to accept employment, to provide upon request original documents in compliance with the Immigration Reform and Control Act of 1986 to verify my right to work and remain in the United States.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### RECOMMENDATION:

- |                                 |                                 |                               |                               |                                |                                |
|---------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> ROFFER | <input type="checkbox"/> FUTURE | <input type="checkbox"/> RJOB | <input type="checkbox"/> QUAL | <input type="checkbox"/> RCALL | <input type="checkbox"/> RBACK |
| <input type="checkbox"/> RSTAB  | <input type="checkbox"/> RSAL   | <input type="checkbox"/> REF  | <input type="checkbox"/> RPHY | <input type="checkbox"/> RSHF  | <input type="checkbox"/> OTHER |

EXPLANATION IF REJECTED: \_\_\_\_\_

## ACKNOWLEDGMENT OF CONDITIONS

The undersigned applicant has applied for employment with Liquid Investments, Inc. ("Company") and hereby acknowledges and agrees to the following:

1. If applicant receives an offer of employment with Liquid Investments, Inc., it will be contingent upon applicant successfully completing a pre-employment physical, including a test for the presence of illegal drugs and/or alcohol.
2. Applicant acknowledges that applicant must provide the physician designated by the Company to perform the pre-employment physical (the "Examining Physician") with all medical records requested by the Examining Physician and/or appropriate releases so that the Examining Physician can obtain the desired medical records.
3. Applicant agrees to provide a urine sample, at the direction of the Examining Physician, for the purpose of performing the drug test and, in some instances, a test for alcohol. Applicant agrees to provide the sample of urine, as directed by the Examining Physician, prior to leaving the Examining Physician's office on the first visit.
4. Applicant acknowledges that applicant may be required to complete a breath alcohol test to detect the presence of any blood alcohol. If required, applicant agrees to complete the breath alcohol test prior to leaving the Examining Physician's office on the first visit.

Applicant agrees and understands that the failure to provide the requested medical records, medical release forms and adequate urine/breath samples will result in the Examining Physician reporting that the results of the pre-employment physical were unsatisfactory. An unsatisfactory pre-employment physical will preclude the applicant from performing his/her assigned job duties, resulting in the Company not being able to employ the applicant.

This Acknowledgment does not in any way create a presumption of an offer of employment.

### ACCEPTED AND AGREED:

**Applicant:**

\_\_\_\_\_

Signed

\_\_\_\_\_

Printed

\_\_\_\_\_

Dated