

APPLICATION FOR EMPLOYMENT

Please TYPE or print using BLACK or BLUE ink

Company:	☐ Lot Mgmt. ☐ ACS	□ vi	IVO	☐ HARVEY
Date Application Co	mpleted:/ Da	nte Available to Beg	in Work:	/
Print Full Legal Nam	ne:			(Mark One)
Position Applied For	:			□FT □ PT □ Temp
	per hour/ per year			
Days available to wo		ed □ Thu □ Fri	□ Sa	t 🗆 Sun
·				
Start time:	End Time: Note:	·		
Start Time:	End Time: Note	::		
Have you ever worke	ed for any of the Red Cow family of comp	anies? Yes	No	
	y when you worked: From:/_	/T	o:	/
If Yes, please identify				
·	of your previous supervisor:			
What was the name of				
What was the name of Under what name(s)?	of your previous supervisor:	At which facility?		
What was the name of Under what name(s)?	of your previous supervisor:	At which facility?		
What was the name of Under what name(s)? List relatives, friends	of your previous supervisor: or roommates currently employed in this PERSONAL INFORMA	At which facility? company:		
What was the name of Under what name(s)?	of your previous supervisor: or roommates currently employed in this PERSONAL INFORMA	At which facility?		
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle 1	of your previous supervisor: or roommates currently employed in this PERSONAL INFORMA Name Me	At which facility? company:		
What was the name of Under what name(s)? List relatives, friends	of your previous supervisor: or roommates currently employed in this PERSONAL INFORMA Name	At which facility? company: ATION Home Telephone #:		
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle of Current Street Address:	of your previous supervisor: or roommates currently employed in this PERSONAL INFORMA Name Me	At which facility? company: ATION Home Telephone #: State	Zip	
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle? Current Street Address: Are you able to perform the either with or without read to you have the legal right.	of your previous supervisor: Personal Information Personal Information Output Description The Essential Functions of the position(s) you are	At which facility? company: ATION Home Telephone #: State Yes applying	Zip	
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle ! Current Street Address: Are you able to perform to either with or without real proof of identity and legal auther you at least 18 years	of your previous supervisor: Personal in this Personal information Personal information City The Essential Functions of the position(s) you are asonable accommodations? the to work and be employed in the United States thority to work in the U.S. is a condition of employment)	At which facility? company: ATION Home Telephone #: State Yes applying? Yes	Zip	□ No No
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle ! Current Street Address: Are you able to perform to either with or without real proof of identity and legal auther you at least 18 years (Proof of age and work permitted)	of your previous supervisor: Personal in this Personal in the same Me City the Essential Functions of the position(s) you are asonable accommodations? ht to work and be employed in the United States (thority to work in the U.S. is a condition of employment) of age?	At which facility? company: ATION Home Telephone #: State Yes applying? Yes	Zip ng for,	□ No No No
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle ! Current Street Address: Are you able to perform to either with or without real proof of identity and legal auther you at least 18 years (Proof of age and work permitted)	of your previous supervisor: PERSONAL INFORMA Name Me City the Essential Functions of the position(s) you are asonable accommodations? th to work and be employed in the United States thority to work in the U.S. is a condition of employment) of age? nits may be required prior to hiring)	At which facility? company: ATION Home Telephone #: State Yes applying? Yes Yes	Zip ng for,	□ No □ No □ No
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle ! Current Street Address: Are you able to perform to either with or without real proof of identity and legal auther you at least 18 years (Proof of age and work permitted)	of your previous supervisor: PERSONAL INFORMA Name Me City the Essential Functions of the position(s) you are asonable accommodations? ht to work and be employed in the United States (thority to work in the U.S. is a condition of employment) of age? nits may be required prior to hiring) eans of transportation to and from work?	At which facility? company: ATION Home Telephone #: State Yes applying? Yes Yes	Zip ng for,	□ No □ No □ No
What was the name of Under what name(s)? List relatives, friends Last Name, First Name, Middle for Current Street Address: Are you able to perform to either with or without real Do you have the legal right Proof of identity and legal auther you at least 18 years (Proof of age and work permonon you have a reliable meaning the proof of the permonon you have a reliable meaning the permonon you have the permonon you have the permonon you have a reliable meaning the permonon you have a reliable meaning the permonon you have a reliable meaning you have the permonon you have the permonon you have a reliable meaning you have the permonon you have a reliable meaning you have the permonon you have the permonon you have the permonon you have the permonon you have the permo	of your previous supervisor: PERSONAL INFORMA Name Me City the Essential Functions of the position(s) you are asonable accommodations? th to work and be employed in the United States thority to work in the U.S. is a condition of employment) of age? nits may be required prior to hiring) eans of transportation to and from work? REFERRAL SOUR	At which facility? company: ATION Home Telephone #: State Yes applying? Yes Yes	Zip ng for,	□ No □ No □ No

	EDUCATION				
	Name of School	Graduated	# of Years	Coursework	
		(circle one)	Attended		G.P.A.
	City, State			Major	
High					
School		Yes No			
College or					
University		Yes No			
Trade/					
Vocational School		Yes No			
SCHOOL					

Present employer? Yes No previous employers? Yes No Name of Business: List current or most recest exercition first Type of Business: Supervisor's Name: Supervisor's Toller Supervisor's Tollephone Number: From: To: What did you like most about this role? What did you like most about this role? What did you like most about this role? What did you like least about this role? What did you like most about this role? Supervisor's Tule; Supervisor's Tule;	May we contact your		May we contact your			
Name of Business: List current or most revent experience from Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:		D Ves D No		□ Ves	□ No	
Complete Address of Business: Supervisor's Telephone Number: From:	r	d its d ito	Provide confront	u ics	<u> </u>	
Complete Address of Business: Supervisor's Telephone Number: From:	Name of Rusiness.	Tiet august on most recent august on a Gost	Type of Pusiness:			
Dates of Service: From:/ To:/ Position Title / Role: What did you like most about this role? What did you like least about this role? What did you like least about this role? Reason for leaving: oroigned, terminated, lad off, robecated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/ To:	Name of Dusiness:	List current of most recent experience first	Type of Business.			
Dates of Service: From:/ To:/ Position Title / Role: What did you like most about this role? What did you like least about this role? What did you like least about this role? Reason for leaving: (recigned, terminated, lad off, relecated, etc.) Name of Business: List current or most recent experience field Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/ To:						
From:	Complete Address of Business:		Supervisor's Name:	Supervisor's Ti	tle:	
From:						
Position Title / Role: Duties and Responsibilities: What did you like most about this role? What did you like most about this role? What did you like least about this role? Reason for leaving: (resigned, terminaned, luid off, rolocated, etc.) Name of Business: List current or most recent experience feral Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:	Dates of Service:		Supervisor's Telephone Number:			
Position Title / Role: Duties and Responsibilities:	From://	_To:/				
Duties and Responsibilities: What did you like most about this role? What did you like least about this role? What did you like least about this role? Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From://To:/						
Duties and Responsibilities: What did you like most about this role? What did you like least about this role? What did you like least about this role? Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From://To:/						
What did you like most about this role? What did you like least about this role? Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Complete Address of Business: Supervisor's Name: Supervisor's Title: From:/	Position Title / Role:					
What did you like most about this role? What did you like least about this role? Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Complete Address of Business: Supervisor's Name: Supervisor's Title: From:/						
Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Position Title / Role:	Duties and Responsibilities:					
Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/						
Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Position Title / Role:						
Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Position Title / Role:						
Reason for leaving: (resigned, terminated, laid off, relocated, etc.) Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Position Title / Role:	Wil (1: 1		W7 (1:1 1:1 1 (1 (4: 1 0)			
Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/	what did you like most about this role?		what did you like least about this role?			
Name of Business: List current or most recent experience first Type of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/	Pageon for leaving					
Complete Address of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/	(resigned, terminated, laid	off, relocated, etc.)				
Complete Address of Business: Supervisor's Name: Supervisor's Title: Dates of Service: From:/	N ep 1		T CD :			
Dates of Service: From:/To:/ Position Title / Role: Supervisor's Telephone Number:	Name of Business:	List current or most recent experience first	Type of Business:			
Dates of Service: From:/To:/ Position Title / Role: Supervisor's Telephone Number:						
From:/To:/	Complete Address of Business:		Supervisor's Name:	Supervisor's Ti	tle:	
From:/To:/						
Position Title / Role:	Dates of Service:		Supervisor's Telephone Number:			
Position Title / Role:						
Position Title / Role:	From: / /	To: / /				
	From://	_ To:/				
Duties and Responsibilities:		_ To:/	0			
Duties and Responsibilities:		_ To:/				
	Position Title / Role:	To:/				
		To:/				
	Position Title / Role:					

What did you like most about this role?	What did you like least about this role?
	•
Reason for leaving: (resigned, terminated, laid off, relocated, etc.)	
(, , ,	

Please identify all positions held in the past ten (10) years <u>and</u> all experience related to the position(s) you are applying for. Include periods of unemployment, self-employment, volunteer activities, school and/or military service. (Attach additional sheet(s) if necessary.)

PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION					
Type of Professional License, Certification or Registration	Name on Professional License, Certification or Registration	State Issued Number	Expiration Date		
			/ /		
			/ /		
			/ /		
			/ /		

CONDITIONAL OFFER OF EMPLOYMENT

I hereby certify that the information contained in this *Application for Employment* is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. *I authorize the references listed above, as well as all other individuals with whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have to the extent allowed by law.* Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Application for Employment may result in my failure to receive an offer or, if I have already been hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the company, other than its President, has the authority to enter into any agreement for employment for any specific period of time, or to make any express or implied agreement contrary to the foregoing. Further the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specific period of time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to the reference requests, verification of previous employment, pre-employment physical, the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States and other items conducted during a background check.

Signature of Applicant:	Date:	
Signature of ripplicant.		

Thank you for your interest in employment with The Red Cow family of companies.