



EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color creed, national origin, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran or other protected characteristics, except where reasonable, bona fide occupational qualifications exists. We comply with all laws regarding reasonable accommodation for disable and handicapped employees.

All questions below must be answered carefully and completely. If you have a resume, you may attach it, but you MUST fill in all the required information on this application form.

• PLEASE PRINT CLEARLY

Date of Application:		Social Security Number:	
Name:	<i>SSN: To be completed after hiring.</i>		
Address:			
City, State, Zip:			
Telephone:		Message Telephone:	
Have you ever worked under another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give name:			

• EMPLOYMENT DESIRED

Position Desired:		Salary Desired:	
Check the type of Employment you desire: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
If not full time, please list the days available:			
If not full time, please list the hours available:			
On what date would you be able to start work?			
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

• PERSONAL DATA

Have you ever applied to or been employed by Steve's ATV Rentals?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give dates:	
Do you have any friends or relatives employed by Steve's ATV Rentals?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please state names and relationships:	
Are you currently employed now? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, can we contact your employer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> No <input type="checkbox"/> Yes

• PERSONAL DATA CONT'D

If you are applying for a position that will require you to drive while on the job, please list the following:

Drivers license number:

State where license issued :

Are you willing and able to travel if the job should require it?

No Yes

Are you able to perform the essential functions of the job which you are applying for?

No Yes

Are you at least 18 years old? (If you are under 18, hire is subject to verification of minimum legal age)

No Yes

If hired, can you present evidence of US Citizenship or proof of you legal right to live and work in this country?
(Proof of Citizenship or immigration is required upon employment)

No Yes

Have you ever served in the Armed Forces? If yes, state the branch:

No Yes

Was separation for any reason other than an Honorable Discharge?

No Yes

If yes, please describe the circumstances of the discharge: _____

• EMPLOYMENT EXPERIENCE:

Start with your most recent job. Feel free to attach additional pages if necessary. You must complete this section even if you are attaching a resume. Date of employment must be stated in months and years. Please account for periods of unemployment.

EMPLOYER #1

Employer Name:

Address:

City, State, Zip:

Telephone:

Job Title

Supervisor Name:

Dates employed: From:

To:

Hourly Rate/Salary: Starting:

Ending:

Work performed: _____

Reason for leaving:

EMPLOYER #2			
Employer Name:			
Address:			
City, State, Zip:			
Telephone:		Job Title	
Supervisor Name:			
Dates employed:	From:		To:
Hourly Rate/Salary:	Starting:		Ending:
Work performed: _____ _____			
Reason for leaving:			

EMPLOYER #3			
Employer Name:			
Address:			
City, State, Zip:			
Telephone:		Job Title	
Supervisor Name:			
Dates employed:	From:		To:
Hourly Rate/Salary:	Starting:		Ending:
Work performed: _____ _____			
Reason for leaving:			

EMPLOYER #4			
Employer Name:			
Address:			
City, State, Zip:			
Telephone:		Job Title	
Supervisor Name:			
Dates employed:	From:		To:
Hourly Rate/Salary:	Starting:		Ending:
Work performed: _____ _____			
Reason for leaving:			

• SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience.

Office Equipment:	
Computer Software:	
Other Equipment:	
Other:	

• EDUCATION AND TRAINING

Type of School	Name & Location of School <i>(Full names, not initials)</i>	Dates attended	Name and date of degree earned	Major and Minor fields of study
High School or Trade School		N/A	Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Business				
College				
Other Training (Please explain)				

PROFESSIONAL REFERENCES

List below the names of 3 people you have worked with for at least one year. Do not list supervisors or friends or relatives unless you have worked with them.

Name:		Occupation:	
Address:			
City, State, Zip:			
Telephone:		Years acquainted:	
Company where you worked together.			

Name:		Occupation:	
Address:			
City, State, Zip:			
Telephone:		Years acquainted:	
Company where you worked together.			

Name:		Occupation:	
Address:			
City, State, Zip:			
Telephone:		Years acquainted:	
Company where you worked together.			

• APPLICANT'S CERTIFICATION & AUTHORIZATION

Please read carefully. Initial each paragraph and sign and date below. If you have any questions regarding the following statements, please ask for assistance.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any documents used to secure employment, shall be grounds for rejection of this application, or for immediate discharge if i am employed regardless of the time elapsed before discovery.

_____ I hereby authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, court, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or other persons, to give records or information they may have concerning my employment records, earnings history, credit history, educational records, health character, civil litigation, criminal history, motor vehicle history, workers compensation claims or other information requested to the company or its representative. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of this authorization shall be valid as the original.

_____ I hereby understand and acknowledge any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the company may terminate my employment at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by written documentation, oral communication, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization. I further understand that this is an application for employment, no employment contract is being offered.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

Signature of Applicant

Applicants printed name

Application Date:	
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• You have the right to receive a copy of your credit report should one be requested for employment reasons.

<input type="checkbox"/> No <input type="checkbox"/> Yes	I wish to be furnished with a copy of my credit report, should one be ordered. Please send it to:
Printed Name:	
Address:	
City, State, Zip:	