US HOME RENOVATION,LLC Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE						
Ololwii oli	APP	LICATION FOR EMPLOY	MENT			
	APPLICANTS	MAY BE TESTED FOR IL	LEGAL DRUGS			
PLEASE COMPLETE PAGES 1-5.	DATE					
Name						
	Last	First	Middle	Maiden		
Present address	Number	Street City	State Zip			
How long			D 0 D			
Telephone ()	ı					
Position applied for (1) and salary desired (2) (Be specific) Days/hours available to work No Pref Thur Mon Fri Tue Sat Wed Sun						
How many hours can you	work weekly?	Can	you work nights?			
Employment desired	FULL-TIME ONLY	PART-TIME ONLY	FULL- OR PART-TIME			
When available for work?						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE		
High School						
College						
Bus. or Trade School						
Professional School						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes						
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE						
APPLICATION FOR EMPLOYMENT						
DO YOU HAVE A DRIVER'S LICENSE? Yes No						

What is you	What is your means of transportation to work?						
Driver's lice	nse		State o	f issue	Operator	Commercial (CDL)	Chauffeur
Expiration d	ate					,	
Have you ha accidents du past three y	uring the ears?	How many?					
Have you hamoving violathe past thre	ations during	How Many?					
		OFFICE ON	ILY				
				.,		.,,	
Typing	Yes No	WPM	10-key	Yes No	Word Processing	Yes No	WPM
Typing		VVPIVI	то-кеу	INU	Processing		_ VVPIVI
Personal Computer	Yes PC No Mac	Other Skills					
Please list to	wo references	other than relative	es or prev	rious employers.			
Name		Name		, ,			
Position		Position					
Company		Company					
Address		Address					
Telephone (()	Telephone ()).				
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.							
			_				
INFORM REQUESTE	PRINT ALL MATION ED EXCEPT ATURE						

APPLICATION FOR EMPLOYMENT						
	MILITARY					
HAVE YOU EVER BEEN	IN THE ARMED FORCES?	Yes No				
ARE YOU NOW A MEME	BER OF THE NATIONAL GU	JARD? Yes	No			
Specialty		Date Entered	Discharge Date			
			<u> </u>			
Work Experience	Please list your work expe If you were self-employed	erience for the past five ye , give firm name. Attach a	ars beginning with your most recent job held. dditional sheets if necessary.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
Phone number		То	Final			
	Your last job title					
Reason for leaving (be sp	pecific)					
List the jobs you held, du	ties performed, skills used o	or learned, advancements o	r promotions while you worked at this company.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code		From	Start			
Phone number		То	Final			
Your Last Job Title						
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
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	APPLICATION F	OR EMPLOYMENT		
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City, State, Zip Code Phone number		From	Start Final	
	Your last job title			
Reason for leaving (be specific)				

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
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City, State, Zip Code Phone number		From To	Start Final		
	Your last job title				
Reason for leaving (be specific)	,				
List the jobs you held, duties per	formed, skills used or learned, adv	rancements or promotions while yo	ou worked at this company.		
May we contact your present em	ployer? Yes No				
Did you complete this application	n yourself Yes No				
If not, who did?					
	DI FACE DEAD	CARELLIA			
PLEASE READ CAREFULLY					
APPLICATION FORM WAIVER					
In exchange for the consideration	n of my job application by	(hereinafter called	I "the Company"), I agree that:		
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.					
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.					
I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.					
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.					
I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.					

Signature of applicant_		Date:				
This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.						
Thank you for co	ompleting this application form and	I for your interest in our bu	siness.			
PLEASE PRINT ALI INFORMATION REQUES EXCEPT SIGNATUR	STED					
	DOST EMDI OV	MENT INFORMATION FO	DM			
TO BE COMPLETED AS	TER EMPLOYEE HAS BEEN HIR		ZIXIVI			
	in. Weight		n date			
	If married, how long?					
F. II						
Name of company		Telephone <u>()</u>				
1	PERSON TO BE NO	TIFIED IN CASE OF EME				
Name		Telephone <u>()</u>				
Address Relationship						
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS						
NAME	RELATIONSHIP	BIRTH D	ATE	SSN		
	TO BE COMPLETED BY EMPLOYER)				
_						
Date of employment	Job title	De		2		
Location Rate of pay Full-time Part-time Salaried						
Applicant's signature acknowledging above information						
Drug test confirmation number						
Name of person verifying information						
Name of person authorizing employment						

JOB TITLE			
	CANDIDATES CONSIDERED (INCLU	JDING MINORITIES AND FEMAI	LES)
NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB
*E	THNIC CODES: 1-BLACK, 2-ORIENTAL,		IAN, 0-OTHER
		SELECTED	
NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE
	SELECTION	N CRITERIA	
	REASONS CANDIDATE SELECTE	D WAS PREFERABLE TO OTHE	RS
	ORIGINATOR'S SIGNATURE		DATE