

# Employment Application

Please complete the entire application

It is the policy of Closade Inc./Sensible Sun to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

## 1. Applicant Information

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Years at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2. Job Position Applied for: \_\_\_\_\_

Full or Part Time? \_\_\_\_\_

3. Salary Desired: \$\_\_\_\_\_/hr

4. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives that work here? If yes, please list here:

\_\_\_\_\_

5. Have you applied to our company previously? Yes [ ] No [ ]

If yes, when? \_\_\_\_\_

6. Are you at least 18 years old? Yes [ ] No [ ]

7. Do you have reliable transportation? Yes [ ] No [ ]

8. Availability (list days and hours you are available):

Start Date: \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

9. If applicable, are you available to work overtime? Yes  No

10. If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes  No

11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations? Yes  No

12. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of \_\_\_\_\_ on \_\_\_\_\_  
(date) in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR  
TO EMPLOYMENT UNLESS RELATIVE TO THE TYPE OF EMPLOYMENT.

13. Applicant's Skills

Check those skills which you have. List any other skills that may be useful for the job you are seeking. Enter the number of years experience, and circle the number which corresponds to your ability for each particular skill. (One represents poorly, while five represents exceptional ability.)

Skill	Years of Experience	Ability
<input type="checkbox"/> Customer Service	_____	1 2 3 4 5
<input type="checkbox"/> Sales	_____	1 2 3 4 5
<input type="checkbox"/> Typing	_____	1 2 3 4 5

[ ] Answering Phones \_\_\_\_\_ 1 2 3 4 5  
[ ] \_\_\_\_\_ 1 2 3 4 5  
[ ] \_\_\_\_\_ 1 2 3 4 5

#### 14. Applicant Employment Information

Please list all jobs which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on back of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

15. Applicant's Education and Training

	Name	Years completed	Field of Study	Graduate?
High School				
College/University				
Business/Technical				
Additional				

Military Service? [ ] Yes [ ] No

16. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement by your current employer:

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## CERTIFICATION

I certify that the information provided in this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Closade Inc./Sensible Sun to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Closade Inc./Sensible Sun, except in a specific written contract or employment signed on behalf of the organization by the president, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Applicants Signature

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Date