

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE F	PAGES 1-5.	DATE				
Name						
	Last	First		Middle		Maiden
Present address	Number	Street	City	State	Zip	
How long			•		·	=
Telephone ()			ooiai oc	ounty 140.		
•	age					
			No F Mon Tue	Pref	ailable to work Thur Fri Sat Sun	
How many hours can yo	ou work weekly?		Car	ı you work	nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY	□F	ULL- OR PART	-TIME
When available for work	ζ?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailin address)	ıg		R OF YEARS PLETED	MAJOR & DEGREE
High School						
College						
Bus. or Trade School						
Professional School						
If yes, explain number of	N CONVICTED OF A CR of conviction(s), nature of imposed, and type(s) of r	offense(s) leading to	convicti	☐ Yes	recently such o	offense(s) was/were

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?									
What is you	r means of tra	ansportation t	o work?						
	nse late			of issue _		☐ Operator	□ Comn	nercial (CDL)	□Chauffeur
Have you had any accidents during the past three years? Have you had any moving violations during the past three years?				rs?					
	·	<u> </u>			CE ONLY			•	
Typing Personal Computer	□ Yes □ No □ Yes □ No	W PC □ Mac □		10-key	Other	Word Proces			
Please list t	wo reference:	s other than r	elatives or pr	evious emr	olovers				
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Telephone ()				Telephor	ne <u>()</u>				
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APPLICATION FOR EMPLOYMENT					
MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No					
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No					
Specialty	Date En	tered	Discharge Date)	
Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number			From	Start	
			То	Final	
		Your last job title			
Reason for leaving (be specific)					
company.					
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number			From	Start	
			То	Final	
Your Last Job Title					
Reason for leaving (be specific)					
List the jobs you held, duties performed company.	ormed, skills used or learned,	advancements or pro	motions while you wo	rked at this	

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Work experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.							
Name of employ	yer			Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number				From	Start			
			То	Final				
				Your last job title				
Reason for leav	ring (be specific)							
List the jobs you company.	u held, duties performed, ski	ills used o	r learned,	advancements or pro	omotions while you wo	rked at this		
Name of employ Address	yer			Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip	Code				From	Start		
T Hone number					То	Final		
				Your last job title	•			
Reason for leav	ring (be specific)							
List the jobs you company.	u held, duties performed, ski	ills used o	r learned,	advancements or pro	omotions while you wo	rked at this		
	your present employer? te this application yourself	□ Yes	□ No					

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Mainstyle Flooring, LLC, (hereinafter called "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 Mainstyle Flooring, LLC, 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 Mainstyle Flooring, LLC, 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 pre-employment 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 ninety (90) 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, veteran's status, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.