

# Employment Application

## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apt/Unit #	
City	State	ZIP	
Home Phone	Best Time to Call		
Cell Phone	Email		
Drivers License #		Issuing State	
If CDL, specify type?		Expiration Date	
Professional License #		Type	Expiration Date
Are you a citizen of the United States? <div style="text-align: right;">YES      NO</div>		If no, are you authorized to work in the U.S? <div style="text-align: right;">YES      NO</div>	
Have you been convicted of a felony within the last 7 years? <div style="text-align: right;">YES      NO      If yes, explain _____</div> <p style="text-align: center; margin-top: 5px;">A conviction will not necessarily disqualify an applicant from employment</p>			
Are you 18 years of age or older?		YES      NO	
Do you have reliable means of transportation to enable you to get to work in a timely manner?			YES      NO
Are you related to or have you been referred by an employee at this company?			YES      NO
If yes, please indicate the employee's name and relationship			

## POSITION INFORMATION

Position Applying For:	
Salary Required	Date Available
Are you willing to travel if required? <div style="text-align: right;">YES      NO</div>	Are you willing to work overtime if required? <div style="text-align: right;">YES      NO</div>
Do you currently have a non-compete agreement with another employer? <div style="text-align: right;">YES      NO</div>	If yes, please explain restrictions and expiration date?
Have you previously applied/worked for Soave or an affiliated company? <div style="text-align: right;">YES      NO</div>	If yes, when and position applied for/held?
I have been provided with a copy of the job description or informed about the specific functions of the job for which I have applied. <div style="text-align: right;">YES      NO</div>	
If the answer to the above question is yes, are you able to perform these tasks with or without accommodation? (check one) <div style="text-align: center; margin-top: 5px;">YES      NO      YES, with accommodation(s)</div>	
If you checked "Yes , with accommodations", how would you perform the task and with what accommodation?	

**EDUCATION**

High School		Location	
Did you graduate? YES                  NO		GED? YES                  NO	
College/University		Location	
From	To	Did you graduate? YES      NO	Type of Degree
			Grade Point
Other		Location	
From	To	Did you graduate? YES      NO	Type of Degree
			Grade Point
Did you work during your education program? YES                  NO		Are you currently continuing your education? YES                  NO	
		If yes, how? Average hours per week?	

**REFERENCES**

*Please list three professional references. (If you are a student, list two professors.)*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT (LIST THE THREE MOST RECENT POSITIONS HELD)**

Company		Phone
Address		Supervisor
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?                      YES                      NO		

Company		Phone
Address		Supervisor
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?                      YES                      NO		

Company		Phone
Address		Supervisor
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?                      YES                      NO		

**MILITARY SERVICE**

Branch	From	To
Rank at Induction	Rank at Separation	

**ACTIVITIES AND ACHIEVEMENTS***(You may exclude those which indicate race, color, religion, sex, marital status, age or national origin, handicapped or veteran status)*

Honors (Include societies and scholarships)	Publications
Professional and Technical Associations	Patents

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment, education or experience.

**HANDICAPPER RIGHTS**

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters , or the restructuring or altering of work schedules. Please notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known that the accommodation was needed.

**APPLICANT'S STATEMENT AND SIGNATURE**

I certify that facts set forth in this application are true and complete. I understand any misstatement or omission of material fact may result in refusal of employment or immediate dismissal, irrespective of how long I have been employed by Soave Enterprises L.L.C. or any of its subsidiaries or affiliates.

I hereby authorize investigation of all statements contained in this application and full disclosure of my work record, criminal record and credit history. I understand that this may include a record of disciplinary action assessed by Soave Enterprises L.L.C. or any of its subsidiaries and affiliates or previous employers and hereby waive any claims against Soave Enterprises LLC., its subsidiaries or affiliates or any prior employer from any obligation to provide me with written notification of such disclosure.

I understand that my employment or continued employment with Soave Enterprises L.L.C. or any of its subsidiaries and affiliates is contingent upon satisfactory completion of a drug test as required by Soave Enterprises L.L.C. or any of its subsidiaries and affiliates. I consent to any future health monitoring physicals that may be required by Soave Enterprises L.L.C. or any of its subsidiaries or affiliates.

In the event I am employed by Soave Enterprises L.L.C. or any of its subsidiaries or affiliates, I agree to comply with all rules, regulations and policies set forth by the Company.

I understand that if I am employed by Soave Enterprises L.L.C. or any of its subsidiaries or affiliates, my employment will be at will and may be terminated at any time by me or the Company, with or without cause or notice. I understand no person is authorized to make a commitment otherwise on behalf of Soave Enterprises L.L.C. or any of its subsidiaries or affiliates and no promise otherwise has been made to me.

I have read, understand and agree to the above statements and conditions of employment.

Signature

Date