



# APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION				
Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION	
Position Or Type of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Desired	Date Available

EDUCATION AND TRAINING				
High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, list the highest grade completed.				
Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
Occupational License, Certificate, or Registration		Expiration Date		
Occupational License, Certificate, or Registration		Expiration Date		

VETERAN INFORMATION (Most recent)		
Branch of Service	Date of Entry	Date of Discharge

SPECIAL SKILLS (List of all pertinent skills and equipment that you can operate)
(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)				
Employer	Telephone Number ( ) -		From (Month/Year)	
Address				
Job Title	Number of Employees Supervised		To (Month/Year)	
Specific Duties (Maximum 350 characters)			Hours Per Week	
			Last Salary	
			Supervisor	
			Reason For Leaving	
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -		From (Month/Year)	
Address				
Job Title	Number of Employees Supervised		To (Month/Year)	
Specific Duties (Maximum 350 characters)			Hours Per Week	
			Last Salary	
			Supervisor	
			Reason For Leaving	
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -		From (Month/Year)	
Address				
Job Title	Number of Employees Supervised		To (Month/Year)	
Specific Duties (Maximum 350 characters)			Hours Per Week	
			Last Salary	
			Supervisor	
			Reason For Leaving	
			May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCE				
Name	Title	Company	Phone	Email

I certify that the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**Authorization to Obtain Motor Vehicle Record**

**THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. Certifies that the undersigned is an employee or has applied to become an employee of the below-named employer in a position that involves the operation of a motor vehicle, and the undersigned give his/her consent to the release of their driving record (MVR) for review by Clark's LLC.
2. The undersigned authorizes his/her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

<b>Name of Employee/Potential Employee:</b>	
<b>License Number &amp; State:</b>	<b>Date of Birth:</b>
<b>Signature of employee/potential Employee:</b>	<b>Date:</b>

<b>Employer Authorized Representative Name:</b>	
<b>Authorized Representative Signature:</b>	<b>Date:</b>