

## **APPLICATION FOR EMPLOYMENT**

Position Applying for:		Date:			
PERSONAL DATA					
Name: (Last)	(First)		(MI)		
` '	, ,		(IVII)		
Address:(Street)	(City)	(State)	(Zip)		
Email:	_ Home Phone:	Cell Phone:_			
Are you 18 years or older?  Yes  No					
Are you a legal citizen of the United States and/or ha	ve a valid visa to work in the l	Jnited States? Yes	No		
EMPLOYMENT INFORMATION					
How were you referred to us?	When are you avai	When are you available to start?			
Are you looking for full time?  Yes No	Are you available t	Are you available to work 6:00 a.m 4:30 p.m.?  Yes No			
Are you looking for part time?  Yes  No	Are you able to wo	Are you able to work overtime as needed?  Yes No			
Have you worked for Homecrest before?  Yes	No If Yes: Position Hele	If Yes: Position Held/When:			
EDUCATION					
Highest Grade Completed (Check One): 7 8	3	12			
Highest Year Completed in College/Other (Circle One	e):	4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>	Graduate		
Name of School	City/State	(Yes or No)	Course of Study		
High School					
College					
Other					
MILITARY SERVICE		_			
Dates of Service: From: To:		Present Reserve or Selective Service Status:			
Duties Performed:					
OTHER INFORMATION (List below any other information)	tion that you feel Homecrest s	hould know, but could not	: list elsewhere.)		
JOB RELATED SKILLS					

## **PAST EMPLOYMENT**

This application may not be considered unless all questions are answered in this section. Telephone numbers given for past employers should be accurate, as we will make every effort to contact them as necessary.

MOST RECENT EMPLOYER						
Company Name:			City:		State:_	
Dates of Employment: From:		To:		Job Title:		
Supervisor:		Job Duties:				
Phone:	Reason for	Leaving:				
SECOND MOST RECENT EMPLOYER						
Company Name:			City:		State:_	
Dates of Employment: From:		To:		Job Title:		
Supervisor:		Job Duties:				
Phone:	Reason for	Leaving:				
THIRD MOST RECENT EMPLOYER						
Company Name:			City:		State:_	
Dates of Employment: From:		To:		Job Title:		
Supervisor:		Job Duties:				
Phone:	Reason for	Leaving:				
REFERENCES (Please include only the	ose who are work	related and not	t related to y	/ou.)		
Name		Email/Phone				Years Acquainted
CERTIFICATION AND RELEASE - APP	LICANT (Please re	ead the followin	na carefully l	before sianina this ar	oplication.)	
I certify the information given be application, on my resume, or discovered after hire, may resul	y me is true in all luring any stage of	respects. I under f the hiring proc	erstand that cess will elim	the misrepresentatio	n or omissior	
I understand that the information the hiring process is NOT intended relationship is established, I undereason, with or without notice, reason, with or without notice. any way without expressed write	led to create an el derstand that I hav and this company This company's po	mployment con ve the right to to has the right to olicies and proc	tract between tract between my or terminate in terminate in terminate in the contract of the c	en this company and y employment at any my employment at ar ar ar uding employment at	myself. If an time, for any time, for a	employment reason or no ny reason or no
I understand that an offer of em identity and eligibility to work in prohibited during employment	n the United State	s and upon pas	sing a drug t	est. I understand that	t the illegal us	-
I authorize this company and its schools, and all others for the p obtaining job-related information I authorize my prior employers regarding me and I release this	urpose of verifyin on regarding my k to provide this co	g the information nowledge, skills mpany any job-	on I have sup s, abilities, po related infor	oplied during the sele erformance of duties, rmation, personal or o	ction process and complia otherwise, the	and for nce with policies. ey may have
SIGNATURE				DATE		



Homecrest Outdoor Living, LLC is an equal opportunity/affirmative action employer. The company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your gender, race, or ethnicity as set forth below. **Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information.** The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

Homecrest Outdoor Living, LLC does not discriminate on the basis of age, color, race, creed, gender, national origin or ancestry, religion, sexual orientation, marital status, registered domestic partner status, veteran status, physical or mental disability, medical condition including genetic characteristics, status with regard to public assistance, or any other consideration made unlawful by federal, state, or local laws. Homecrest Outdoor Living, LLC makes all employment decisions on the basis of job-related criteria. Neither information disclosed on this form, nor refusal to complete this form, will affect any hiring, transfer, promotion, compensation, or other employment decision.

Pos	sition Applied for: Date:
We	LUNTARY SELF IDENTIFICATION. invite you to voluntarily self-identify under the classifications below (which is information we need to file the required annual 0-1 report).
1.	Sex (Check One):
2.	Disability: Please check the description that most closely corresponds to the group with which you identify.  Individual with a Disability: any person who has a physical, sensory, or mental impairment which "materially" (Minnesota) or "substantially" (Federal) limits one or more major life activity or has a record of or is regarded as having such an impairment. "Individual with a Disability" does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a direct threat to property or to the safety of others.  Not an Individual with a Disability  I do not wish to answer questions regarding disability
3.	Veteran Status:  Disabled veteran  Recently separated veteran  Active-duty wartime or campaign badge veteran, and  Armed Forces service medal veteran  Not a Veteran
4.	Ethnicity (Check One):  Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race  Not Hispanic or Latino
5.	Race (Check all that apply):  American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.  Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam  Black or African American - a person having origins in any of the black racial groups of Africa  Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands  White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa  Two or More Races