

EMPLOYMENT APPLICATION

Catworks LLC is committed to providing a non-discriminatory employment environment for its employees.

The policy of the Catworks LLC is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age, military and/or veteran status is prohibited.

	and non-discriminatory commitmnt, discipline, layoff or terminatio					
Position(s) Applied for	Date of Applicat	Date of Application				
Print Name (Last, First, & Mid	ldle)					
Street Address		City	State	Zip Code		
Main Phone Number	Alternate Phone Number	Email				
EMPLOYMENT EXPERIENCE Please list the names of your present or previous employers in chronological order with present or most receipment employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply busine references. Add additional page if necessary.						
Name of Employer S		Supervisor	May w	May we contact?		
			☐ Yes ☐ No			
Street Address						
Phone Number		Dates Employed (Month/Year)				
		From				
Job Title and Duties		Reason for Leaving				
Name of Employer		Supervisor	Supervisor May we			
			☐ Yes	□ No		
Street Address						

Phone Number	Dates Employed (Month/Year)				
	From	То			
Job Title and Duties	Reason for Leaving				
Name of Employer	Cupanicar	May we contact?			
Name of Employer	<u> </u>	☐ Yes ☐ No			
Street Address					
Phone Number	Dates Employed (Month/Year)				
		То			
Job Title and Duties	Reason for Leaving				
Have you ever been involuntarily terminated or asked to resign from any job					
Please explain any gaps in your employment history:					
Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment. If you have a Commercial Driver's License please complete DL information below in addition to any applicable certifications.					
ClassDL#Exp. Date	eMedCard	Exp. Date			

EDUCATION

)	lease describe v	vour	educational	backg	round ir	the	table	provided	below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of	Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School						
College/ University						
Graduate/ Professional School						
Trade School						
Other						
	PROFESSIONAL REFERENCE ee professional referer	-	ls who are not r	elated to yo	u.	
Name and Titl	e	Relationship)		Phone Number	er or Email
 Have you ever worked for this company before? ☐ Yes ☐ No a. If yes, please give dates and position: Do you have friends and/or relatives working for this company? ☐ Yes ☐ No a. If yes, name(s) and relationship(s): 						
3. On wh	nat date are you availa	ble to begin wor	k?			
4. Days/	Hours available to wor	·k:				
Monda	y Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary						
6. Minimum salary required:Per Hour \$ Per Month \$						
7. If hired, would you have a reliable means of transportation to and from work? \square Yes \square No						
8. Can you travel if the position requires it?□ Yes □ No						
9. Can you relocate if the position requires it?□ Yes □ No						
10. Are you at least 18 years old? Yes □ No						
a. Note: If under 18, hire is subject to verification that you are of minimum legal age.						
11. If hired, can you present evidence of your identity and legal right to work in this country? \Box Yes \Box No						
12. Are you able to perform the essential job functions of the job for which you are applying with or without						
reaso	nable accommodation	?				□ Yes □ No

Name (print):	Date:
Signature:	
MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE I ABOVE TERMS.	READ, UNDERSTAND, AND AGREE TO ALL OF THE
I understand that if an offer of employment is extended that I madrug and alcohol testing.	y be subject to a complete background investigation and
I understand that if I am selected for hire, it will be necessary for mo authority to work in the United States, and that federal immigration laws re	
I hereby certify that the answers given by me are true and correct undersigned applicant, have personally completed this application. I under on this application or on any document used to secure employment simmediate discharge if I am employed, regardless of the time elapsed before	rstand that any omission or misstatement of material fact thall be grounds for rejection of this application or for
I understand that safety of employees is extremely important to ensuring a safe working environment. I understand that I, and every en injuries by observing all safety procedures and guidelines and following the to comply with federal, state, and local regulations related to on-the-job sa	mployee, have a responsibility to prevent accidents and e directions of my site supervisor. I understand and agree
If hired, I understand and agree that my employment with the Corequired to continue the employment relationship for any specific term. I the employment relationship at any time, with or without cause, and with my employment cannot be amended, modified, or altered in any way by an	further understand that the Company or I may terminate or without notice. I understand that the at-will status of
I hereby authorize the Company to thoroughly investigate my refer to my suitability for employment and, further, authorize the prior employe any and all letters, reports and other information related to my work reco addition, I hereby release the Company, my former employers and all ot from any and all claims, demands or liabilities arising out of or in any way re	rs and references I have listed to disclose to the Company ords, without giving me prior notice of such disclosure. In her persons, corporations, partnerships and associations