

EMPLOYMENT APPLICATION

Name: _____

Present Address:

Street _____ City _____ State _____ Zip _____

Home Telephone No. _____ Cell Phone No. _____

Permanent Address (if different from present address):

Street _____ City _____ State _____ Zip _____

Residence Addresses during the Past Ten Years:

Street _____ City _____ State _____ Zip _____ Dates _____

Street _____ City _____ State _____ Zip _____ Dates _____

EMPLOYMENT DESIRED:

Position Applying For: _____

Are you applying for?

Regular Full-Time Work? ----- YES NO

Regular Part-Time Work? ----- YES NO

Temporary work, e.g., summer or holiday work? ----- YES NO

What days and hours are you available to work? _____

If applying for Temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available to work on weekends? ----- YES NO

Would you be available to work overtime, if necessary? ----- YES NO

If hired, on what date can you start: _____

Desired rate of pay: _____

GENERAL INFORMATION:

What do you expect to be doing in five years?

What has been your favorite/most interesting job? Why?

What job did you dislike most? Why?

PERSONAL INFORMATION

Have you ever applied at or worked for RoXsand before? ----- YES NO
If yes, when? _____

Do you have any friends or relatives working for RoXsand? ----- YES NO

Name

Relationship

Name

Relationship

Why are you applying for work at RoXsand?

If hired, would you have a reliable means of transportation to and from work? ----- YES NO

Are you at least 18 years old? (if under 18, hire is subject to verification that you are of minimum legal age.)----- YES NO

If hired, can you present proof of your legal rights to live and work in the country? YES NO

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation? ----- YES NO

If no, describe the functions that cannot be performed.

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ----- YES NO

If yes, state nature of the crime(s), when and where convicted, and disposition for the case.

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever initiated an act of violence in the workplace? ----- YES NO

Have you used illegal drugs within the past three (3) weeks? ----- YES NO

If yes, which illegal drug did you use and when?

EDUCATION AND SKILLS:

School	Name, City & State	# of years Completed	Graduated
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High School	_____	_____	YES NO

College/ University	_____	_____	YES NO

Vocational/ Business	_____	_____	YES NO

Do you speak, write or understand any foreign languages? ----- YES NO
If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at RoXsand? ----- YES NO

If so, please explain:

List any job-related professional or technical organizations to which you belong:

U.S. Military or Naval Service? ----- YES NO
Rank: _____ Citations/Awards: _____

List any job-related skills that you learned while in the U.S. Military or Naval Service:

Are you currently employed? ----- YES NO

FORMER EMPLOYERS:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Name of Employer Telephone No. _____

Type of Business Your Supervisor _____

Address & Street City State & Zip _____

Your Position and Duties
Dates of Employment: _____ - _____ Weekly Pay: _____
From To Starting Ending

Reason for Leaving
May we contact this employer for a reference? ----- YES NO

Name of Employer Telephone No. _____

Type of Business Your Supervisor _____

Address & Street City State & Zip _____

Your Position and Duties
Dates of Employment: _____ - _____ Weekly Pay: _____
From To Starting Ending

Reason for Leaving
May we contact this employer for a reference? ----- YES NO

Name of Employer Telephone No. _____

Type of Business Your Supervisor _____

Address & Street City State & Zip _____

Your Position and Duties
Dates of Employment: _____ - _____ Weekly Pay: _____
From To Starting Ending

Reason for Leaving
May we contact this employer for a reference? ----- YES NO

Have you been discharged or asked to resign from a position or a job? ----- YES NO

If Yes, Explain:

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.)

REFERENCES:

List three non-employment references that are not related to you, and have known you for at least one year.

1.	_____	_____
	Name	Telephone No.
	_____	_____
	Address, City & State	Years Acquainted
2.	_____	_____
	Name	Telephone No.
	_____	_____
	Address, City & State	Years Acquainted
3.	_____	_____
	Name	Telephone No.
	_____	_____
	Address, City & State	Years Acquainted

In Case of Emergency Notify: _____
Name

Address Telephone Number

I understand and acknowledge the following:

Initials _____ I understand that I am entitled to copies of any public records obtained directly by the Company in connection with my application for employment. Check one:

I waive do not waive my right to receive copies of public records obtained directly by the Company.

Initials _____ I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

Initials _____ I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

Initials _____ I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.

Initials _____ I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of **RoXsand**, no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Initials _____ I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with **RoXsand**, exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.

Initials _____ I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.

Date: _____

Signature