



EMPLOYMENT APPLICATION

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Date of Application _____

Name _____
First Name Middle Name Last Name

Address _____ City _____ ST _____ Zip _____

Primary Phone _____ Secondary Phone _____ E-mail _____

Position(s) applying for: _____

What is your desired salary range or hourly rate of pay: \$ _____ per _____

Referral source: _____ Have you applied here before? Yes No If yes, give date: _____

Are you available to work; ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you over the age of 18? Yes No Are you eligible to work in the United States? Yes No

Are you fluent in a foreign language (if applicable)? Yes No What language? _____

Are you currently employed? Yes No Dates available for work: _____

EDUCATION INFORMATION

Name and Location of School	Did you graduate?	Degree / Certification
High School / GED _____	Yes No _____	_____
Trade School _____	Yes No _____	_____
College _____	Yes No _____	_____
Graduate _____	Yes No _____	_____

SKILLS AND QUALIFICATIONS

Summarize experience, skills, special training, licenses, or certifications that may assist you in performing the position for which you are applying.

REFERENCES

Please list name and telephone number of three professional references who are not related to you and that you have known for at least one year. Include at least one previous supervisor. Please provide the best telephone number to reach each contact.

Name	Company	Telephone	Relationship to You & Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Please complete every space. Starting with your most recent employer, provide the following information:

Employer	_____	Phone	_____
Address	_____		
Date of Employment: From:	___/___/___	To: ___/___/___	Position Held _____
Supervisor:	_____	May we contact for reference?	Yes No Later
Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities:	_____		

Reason for Leaving:	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		

Employer	_____	Phone	_____
Address	_____		
Date of Employment: From:	___/___/___	To: ___/___/___	Position Held _____
Supervisor:	_____	May we contact for reference?	Yes No Later
Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities:	_____		

Reason for Leaving:	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		

EMPLOYMENT HISTORY (CONTINUED)

Employer _____ Phone _____

Address _____

Date of Employment: From: ____/____/____ To: ____/____/____ Position Held _____

Supervisor: _____ May we contact for reference? Yes No Later

Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

Reason for Leaving: _____

What did you like most about your position? _____

What did you like least about your position? _____

MILITARY SERVICE RECORD

Branch of Service: _____

Discharge date: ____/____/____ Discharge Rank: _____

List any additional information you would like us to consider: _____



APPLICATION STATEMENT

AUTHORIZATION

I understand that Stacks, LLC is not making an employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Stacks, LLC to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted individuals, including current or former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Stacks, LLC. I acknowledge that a facsimile or photocopy of this form is as valid as the original.

Offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. Stacks, LLC may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back later.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from Stacks, LLC and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at Stacks, LLC is "at will" and may be terminated by myself or by them at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of Stacks, LLC has the authority to make any assurance to the contrary.

Signature: _____ Date: ____/____/____

For purposes of this document, a typed signature will serve as the official signature

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

Applicants are considered regardless of race, color, national origin, religion, gender, age, veteran status, disability, or any other legally protected status, federal, state or local. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to the application and/or interview process should contact the human resource representative.

APPLICATION STATEMENT

WAIVER AND RELEASE

I hereby authorize your agency to furnish Stacks, LLC or their appointees, any information that you have about me. Information of a confidential or privileged nature may be included. I further authorize copies of those records to be made and given to the above-named firm, if requested. I hereby release your agency and others, including STACKS, LLC, or their appointees, from liability or damage, which may result from the information released.

I authorize STACKS, LLC, or their designated appointees, including but not limited to reporting agencies or professional investigators to obtain and review reports as well as follow up on information presented in the reports while in the application process or during the course of any employment as a condition of continued employment.

It is my understanding the information obtained will not be used in violation of federal or state equal opportunity law or regulation. If adverse action is taken based upon review of a consumer credit report, I can request a copy of the report to ensure the accuracy of the information.

I understand inquiries may include, but are not limited to: verification, inspection and/or reporting of lawfully available records or information pertaining to work history, social security number, education, criminal and civil court related actions, driving record (including traffic related offenses), personal financial record (including consumer credit reports), reputation, medical record, military service record, and other information available from public or otherwise documented record.

I hereby state that to the best of my knowledge all information I have provided STACKS, LLC, and any reporting agency, in any form, is true and accurate. I understand that misrepresentation may exclude me from further consideration as a candidate for employment or advancement and may result in termination of my employment if I am hired. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment. It is also understand that STACKS, LLC operates under an "at-will" employment policy and that this authorization and release does not alter or affect this policy in any manner.

Signature: _____ Date: ____/____/____

For purposes of this document, a typed signature will serve as the official signature



AUTHORIZATION

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name _____
First Name Middle Initial or Name Last Name

Maiden, or other names used _____

Primary Phone _____ Secondary Phone _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Other counties or states resided in the past 7 years _____

Driver's License Number _____ State Issued _____

Expiration Date _____ Date of Birth ____ / ____ / ____ Social Security Number _____

Signature _____ Date ____ / ____ / ____

☐ By checking this box, I verify the above is my electronic signature

For purposes of this document, a typed signature will serve as the official signature.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.