

APPLICATION FOR EMPLOYMENT STARTING USA CORPORATION

It is the policy of STARTING USA CORPORATION not to discriminate on the basis of age, sex, race, color, creed, religion, national origin, ancestry, marital status, disability or veteran status (unless preference is required by law), as required by law.

Applicants nearing final consideration for employment will be required to submit to a drug screening test. This test will be used only to detect drug and substance use and not other medical conditions. Employment is contingent upon meeting the requirements of this test.

This application will remain on file for a period of one year from filing. It can be renewed six months from filing.

Please read the entire application form (front and back) before filling it out. Answers should be typed, printed, or carefully written in ink so they are clear and readable. This application must be accurately completed in its entirety and is subject to verification before any offer of employment may be considered.

PERSONAL

Date _____ Social Security No. _____

Name _____

Last
First
Middle
(other names used)

Address _____

Street
City
State
Zip Code

Telephone No. _____ Alternate Phone No. _____

What type of work are you applying for? _____ Wages Expected _____

What are you interested in? Full-time work only Part-time work only Either Full-time or Part-time

What shifts can you work? 1st 2nd 3rd Will you work overtime if necessary? Yes No

Date available to begin work _____ Are you at least 18 years of age? Yes No

Friends and/or relatives working at Starting USA _____

Upon employment, can you provide proof of U.S. Citizenship? Yes No

If not, can you provide written verification that you are authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? (A felony record does not automatically disqualify you from employment consideration).

Yes No If yes, explain: _____

EDUCATION

| SCHOOL | NAME AND LOCATION | DATES ATTENDED | AREA OF STUDY | DIPLOMA/DEGREE |
|--|-------------------|--|---------------|----------------|
| High School | | XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX | | |
| Business or Vocational | | | | Date: |
| College | | | | Date: |
| Other Relevant Training (Including Military Experience) | | | | Date: |

I FREELY AND VOLUNTARILY AGREE TO SUBMIT TO A DRUG SCREEN AS PART OF MY EMPLOYMENT APPLICATION. I UNDERSTAND THAT EITHER REFUSAL TO SUBMIT TO THE SCREENING OR FAILING TO QUALIFY UNDER THE MINIMUM STANDARDS ESTABLISHED BY THE COMPANY FOR THIS SCREEN WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT.

SIGNATURE: _____

DATE: _____

EXPERIENCE

Beginning with the most recent, list all employment including part-time and self-employment. Also list significant experience using the space below to account for periods of unemployment.

| | | |
|---------------------------------|----------------|---------------------|
| Employer | Address | Telephone Number |
| Job Title | From (Mo./Yr.) | To (Mo./Yr.) |
| Detailed Description of Duties: | | Reason for Leaving: |

| | | |
|---------------------------------|----------------|---------------------|
| Employer | Address | Telephone Number |
| Job Title | From (Mo./Yr.) | To (Mo./Yr.) |
| Detailed Description of Duties: | | Reason for Leaving: |

| | | |
|---------------------------------|----------------|---------------------|
| Employer | Address | Telephone Number |
| Job Title | From (Mo./Yr.) | To (Mo./Yr.) |
| Detailed Description of Duties: | | Reason for Leaving: |

REFERENCES

List three work/professional references:

| Name | How do you know This Person | Years Known | Firm Name, Address and Telephone Number |
|------|-----------------------------|-------------|---|
| | | | |
| | | | |
| | | | |

ADDITIONAL SPACE

Please enter information in this space for any items on this form requiring further explanation.

I hereby certify that the information provided by me on this application form is true and correct. I understand that all statements made herein and my prior employment history may be investigated. In connection with such investigation, I authorize all former employers, companies, agencies, schools and persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant. I hereby release STARTING USA CORPORATION and all employers, companies, agencies, schools, and persons named in this application from any liability whatsoever for securing or releasing any information in connection with this application for employment.

I understand that any false information on this form or contained in any other documents completed by me during the employment application process will be grounds for refusal to hire me or if I am already employed when the false statements are discovered, grounds for my immediate termination. I further understand that if offered employment, it will NOT BE FOR A DEFINITE PERIOD OF TIME. I have read and understand the opening statements on this application.

Signature of Applicant _____

Date _____