



EMPLOYMENT APPLICATION

It is the policy of SPECIAL COURSES LLC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or Veteran status.

Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Mobile phone: _____

Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For:

Salary Desired: \$ _____ per _____ HR _____
Who referred you to our company? _____
Are you at least 18 years old? _____ Yes _____ No
How will you get to work? _____
Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If applicable, are you available to work overtime? _____ Yes _____ No
If you are offered employment, when would you be available to begin work?

Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.) or List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment.

Ability

Skill Years of Experience Rating
_____ 1 2 3 4 5
_____ 1 2 3 4 5

Applicant Employment History

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____

Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

College/University Name and Address

High School/GED Name and Address

Other Training (graduate, technical, vocational):

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I authorize SPECIAL COURSES LLC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its HMFIC, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of SPECIAL COURSES LLC., except in a specific written contract of employment signed on behalf of the organization by its HMFIC, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE