

Moraine View LLC, is an equal opportunity employer and complies with all applicable federal and state laws regarding nondiscrimination. Moraine View LLC is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or any other type of discrimination.

Personal Information (Please complete a	all fields, write "N/A" o	n empty fields)					
Last Name:		First Name:		Middle In	itial:	Application Date:	
Email: Phone Nun					Cellular phone number:		
Address:		Unit:	City:		State:	Zip Code:	
Are you legally authorized to work in the US? (Circle one) YES / NO / NA Will you now or in the future require sponsorship for employment visa status? YES / NO / NA If you are under eighteen (18), are you able to obtain a work permit? YES / NO / NA			Do you have a reliable method of transportation to the job location? (Circle one) YES / NO Have you ever been in the US Armed Forces? (Circle one) YES / NO If yes, Branch: From: To: Rank at discharge:				
Have you ever been convicted of any misdemean as operating a vehicle while intoxicated, under th etc.? (Circle one) Note: A conviction does not automatically disqua Each application is evaluated individually, all dec compliance of the Fair Credit Reporting Act, 15 U	If you answered "YES" to the last question, please provide dates, places, charges and disposition (outcome) of all convictions: Note: All positions may be subject to a background check where applicable by law.						
Work Information							
Have you previously worked for Moraine View LL If Yes, when:	Do you have Friends or Relatives working for Moraine View LLC? (Circle one) YES / NO If yes, list names:						
Position you are applying for (leave blank if unknown):			Department (leave blank if unknown): Date available to start:			lable to start:	
Availability:		Days Mornings Afternoons Midnights	Indicate all dates, days or hours you CANNOT work during this year (attach additional page or calendar if needed):				
Previous Employment (Start from most i	recent)						
Employer:	Title of Position:		From (MM/YY): To (MM/YY):		YY):		
Supervisor Name:	Telephone:		Reason for Leaving:				
Job Duties:	<u> </u>					Can we contact this employer? YES	
Employor	Title of Desition:		From (MM/YY):			AV).	
Employer:	Title of Position:				To (MM/YY):		
Supervisor Name:	Telephone:		Reason for Leaving:				
Job Duties:			•			Can we contact this employer? YES	
			E (11/100)			0.0	
Employer:	: Title of Position:		From (MM/YY): To (MM/YY):		YY):		
Supervisor Name: Telephone:		Reason for Leaving:					
Job Duties:					C	Can we contact this employer?	
Employer: Title of Position:		From (MM/YY):		To (MM/Y	(Y):		
				(,		
Supervisor Name:	Telephone:		Reason for Leaving:				
Job Duties:						Can we contact this employer?] YES	

Initials: _____ Date: _____



Education						
	Institution Name:		From (MM/YY):	To (MM/YY):	Major / Certification	Did you Graduate? YES / NO
High School						
College						
Other						
Skills						
Skills / Languages Source of Training (if applicable)				Years of Experience:		
Professional or Personal References						
	Name:		Relationship:		Telephone:	Years Acquainted:

I certify that the answers on this document are true to the best of my knowledge. I realize that all information furnished is important and that Moraine View LLC will rely on such information in engaging me and in continuing my employment. I understand that Moraine View LLC may investigate the work and personal history I have disclosed and verify all data given on this Application for Employment, related submittals, and in interviews. This inquiry may include information as to my character, general reputation, ability, skills and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and Moraine View LLC from liability for damages in providing this information. I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge. I acknowledge and agree that no manager or representative of Moraine View LLC has any authority to enter into any employment agreement with defined terms or established promises. I understand and agree that, if I am employed I will be an atwill employee, and Moraine View LLC may terminate my employment at any time and for any or no reason with or without prior notice.

Signature of Applicant: _____ Date: _____

FOR MORAINE VIEW LLC MANAGEMENT USE ONLY						
Was applicant interviewed? YES / NO	If yes, Date:	Interviewed by:				
Acceptable for Employment? YES / NO	If yes, Position:	Start Date:				
Notes:						