## **JOB APPLICATION**

## Warrioress Publishing shelly.nicholson-hrm@warrioresspublishing.com, Jacksonville, Florida 904-897-2980

Warrioress Publishing is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:	_	
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position? On what date can you start working if you are hired?		
Personal Information		
Have you ever applied to or worked for Warrioress Publishing before?		
If yes, when?		
Do you have any friends relatives or assuraintances working for	_	
Do you have any friends, relatives, or acquaintances working for Warrioress Publishing If yes, state name & relationship:	Yes	No
Are you 18 years of age or older?	— — Yes	No
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Are you a U.S. citize	n or approved to work	in the United States?	Yes No
What document car	n you provide as proof o	of citizenship or legal s	tatus?
Job Skills/Qualificate Please list below the are applying:		s you possess for the p	osition for which you
	sures that may be necess	e ADA and considers reas sary for eligible applican	
,	,		
Education and Tra	ining		
Uiah Sahaal	_		
Name	Location (City,	Year Graduated	Degree Earned
	State)		
College/University		T v	
Name	Location (City, State)	Year Graduated	Degree Earned
	,		
Vocational School/S	necialized Training		
Name	Location (City,	Year Graduated	Degree Earned
	State)		
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<b>Military:</b> Are you a member of	of the Armed		
Services?	or the Armed		
What branch of the enlist?	military did you		
What was your milit discharged?	ary rank when		

What military skills do you posses	s that would be an asset for this position?
What military skills do you posses.	s that would be an asset for this position:
Previous Employment	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
<u>References</u>	
Please provide 3 personal and prof	essional reference(s) below:
Reference	Contact Information

## AT-WILL EMPLOYMENT

The relationship between you and the Warrioress Publishing is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Warrioress Publishing. No representative of Warrioress Publishing has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant	Dated:	
Signature:		