

Independent Endeavors LLC

APPLICATION FOR EMPLOYMENT

Independent Endeavors LLC. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission, or status regarding public assistance, or any other characteristic protected under federal, state, or local law.

Please print in ink and complete all sections

P E R S O N A L	Last Name		First Name		Middle	Date of birth	
	E-mail Address					Phone # ()	
	Street Address City		State	Zip		Social Security #	
	Are you legally authorized to work in the United States? [] YES [] NO					Are you 18 years or older [] YES [] NO	

E M P L O Y M E N T P R E F E R E N C E	Position applying for		Date you can start		Salary desired	
	Are you currently employed? [] YES [] NO	If so may we inquire of your present employer? [] YES [] NO		Have you applied or worked for Independent Endeavors LLC in the past? [] YES [] NO When & Where?		
	How did you hear about Independent Endeavors llc or this position?			Are you interested in: [] Full Time [] Part Time [] Temporary/On-Call		If employed, are you available for overtime if necessary? [] YES [] NO

E D U C A T I O N	Type	Name and location Of school	Number of years attended	Did you graduate? (Circle One)	Subjects studied
	High School/G ed			YES NO	
	College/ University			YES NO	
	College/ University			YES NO	
	Other			YES NO	

G e n e r a l	Professional license, certifications, etc		Professional or trade organization memberships	
	US military or naval service [] YES [] NO	Military Rank		Present membership in national guard or reserves

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or last position		Name of company	Employed (state month and year) From _____ To _____
Street address		City	State/zip
Duties:		Reason for leaving:	
Starting salary:	May we contact your supervisor? [] YES [] NO	Name of supervisor	
Final salary:		Phone number of supervisor	

Next previous position		Name of company	Employed (state month and year) From _____ To _____
Street address		City	State/zip
Duties:		Reason for leaving:	
Starting salary:	May we contact your supervisor? [] YES [] NO	Name of supervisor	
Final salary:		Phone number of supervisor	

Next previous position		Name of company	Employed (state month and year) From _____ To _____
Street address		City	State/zip
Duties:		Reason for leaving:	
Starting salary:	May we contact your supervisor? [] YES [] NO	Name of supervisor	
Final salary:		Phone number of supervisor	

(Give the names for three persons not related to you, whom you have known at least one year.)

RE	Name	Address & phone number	Business	Years acquainted
1.				
2.				
3.				

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated

Signature

Date

I authorize investigation of all information contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered.

Signature

Date