



Employment Application

*Background investigations are conducted.
An equal opportunity employer.*

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security card)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (if different)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="radio"/> Yes <input type="radio"/> No	
CELL PHONE	EMAIL		

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE
ARE YOU EMPLOYED NOW? <input type="radio"/> Yes <input type="radio"/> No IF SO, may we contact your current employer? <input type="radio"/> Yes <input type="radio"/> No	Are you available to work weekends? <input type="radio"/> Yes <input type="radio"/> No Are you available to work overtime? <input type="radio"/> Yes <input type="radio"/> No
DO YOU WANT: <input type="checkbox"/> Regular full-time work <input type="checkbox"/> Regular part-time work: Hours _____ to _____ <input type="checkbox"/> Temporary work: From (dates) _____ to _____	
IF HIRED: Can you present evidence of your legal right to work in the U.S.? <input type="radio"/> Yes <input type="radio"/> No Would you have a reliable means of transportation to and from work? <input type="radio"/> Yes <input type="radio"/> No	
WHO REFERRED YOU TO THIS COMPANY? <input type="radio"/> Ad for job opening <input type="radio"/> Walk in <input type="radio"/> Person (Name) _____	

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.) <input type="radio"/> Yes <input type="radio"/> No
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EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="radio"/> Yes <input type="radio"/> No	
COLLEGE / UNIVERSITY			<input type="radio"/> Yes <input type="radio"/> No	
COLLEGE / UNIVERSITY			<input type="radio"/> Yes <input type="radio"/> No	
COLLEGE / UNIVERSITY			<input type="radio"/> Yes <input type="radio"/> No	
OTHER			<input type="radio"/> Yes <input type="radio"/> No	

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="radio"/> Yes <input type="radio"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="radio"/> Yes <input type="radio"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE			
MAY WE CONTACT YOUR SUPERVISOR? <input type="radio"/> Yes <input type="radio"/> No	START DATE	LEAVE DATE	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

HOURS OF AVAILABILITY

LIST WEEKLY HOURS YOU ARE TYPICALLY AVAILABLE.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

IF YOU THINK SEALED BY FATE IS THE PLACE FOR YOU:

TELL US WHY YOU WOULD BE THE PERFECT CANDIDATE TO JOIN THE SEALED BY FATE TEAM

WHAT UNIQUE CONTRIBUTION WOULD YOU BRING TO THE SEALED BY FATE TEAM?

AUTHORIZATIONS – *Read and initial each paragraph, then sign below:*

_____ **TRUTHFULNESS OF APPLICATION:** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **HONESTY:** I certify that I have never intentionally submitted false documents, filed a fraudulent workers' compensation claim, or purposefully deceived an employer and that I will not do so if employed by the Company.

_____ **AUTHORIZATION TO INVESTIGATE:** I hereby authorize Sealed by Fate, LLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

_____ **AT-WILL RELATIONSHIP:** I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

SIGNATURE

DATE