

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Contact Number

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, explain: \_\_\_\_\_

### Employment Desired

Regular Full Time  Salary Desired: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Contract/Project Work  Hourly Rate Desired: \_\_\_\_\_

Part Time  Hours/Days Preferred: \_\_\_\_\_

Geographic Preference (✓all that apply): North Bay  San Francisco  East Bay  Peninsula  South Bay

### Previous Employment

Dates	Name Address of Employer	Position Title Duties	Supervisor Telephone Number	Salary
From: _____				
To: _____				
Reason for leaving: _____				
From: _____				
To: _____				
Reason for leaving: _____				
From: _____				
To: _____				
Reason for leaving: _____				

### Education & Certifications

College: \_\_\_\_\_ Major Subject: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Graduate: \_\_\_\_\_ Major Subject: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

CPA License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Of: \_\_\_\_\_

Additional Training/Certifications/Education: \_\_\_\_\_

**References**

*Please list three professional references (or provide email attachment)*

Name: _____	Title: _____	Relationship: _____
Current Company: _____	Phone: _____	Email: _____
Name: _____	Title: _____	Relationship: _____
Current Company: _____	Phone: _____	Email: _____
Name: _____	Title: _____	Relationship: _____
Current Company: _____	Phone: _____	Email: _____

**Please Read Each Paragraph Carefully and Sign Below**

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 will be grounds for rejection of this application or for immediate discharge, regardless of the time passed before discovery.

I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information whether favorable or unfavorable to me.

I understand that the Company may conduct a background check, and authorize the Company and any third-party acting on the Company's behalf to conduct such background investigation. In connection therewith, I agree that if requested, I will complete and deliver to the Company, the Company's "Request, Authorization, Consent and Release of Background Information."

I understand that nothing contained in this Application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment will be "at-will"- that is, for no definite or determinable period of time, and may be terminated at any time, with or without notice, at either my option or the Company's option, and that no promises or representations to the contrary are or will be binding on the Company unless made in writing and signed by me and by an authorized representative of the Company.

Arbitration of Disputes Requires; Waiver of Jury Trial: I agree, and understand that the Company also agrees, that any dispute in any way related to my employment or prospective employment with the Company that we are unable to resolve through direct discussion, regardless of the kind or type of dispute will, to the extent permitted by law, be submitted exclusively to final and binding arbitration. I understand that by initialing this section I am waiving my right to a jury trial. The arbitration will be conducted pursuant to the then current employment dispute resolution rules of the American Arbitration Association. To exercise a party's rights under this section, the moving party must reduce to writing the details of any dispute and serve it upon the other party. Any failure to request arbitration in a timely manner based on applicable state or federal law constitutes a waiver of all rights to raise any claims in any forum rising out of any dispute that was subject to arbitration.

I further agree to the following: The parties shall agree on a single arbitrator who shall take evidence and issue a written award. If the parties cannot agree within thirty (30) calendar days of the written notification of a dispute as specified above, an arbitrator shall be chosen by the parties by assembling a list of five (5) arbitrators. The arbitrator shall be selected by the parties by alternately striking names from the list. The moving party shall strike the first name. This process shall be completed within forty (40) calendar days of the date the written request was served on the opposing party and/or the subsequent date arbitration is ordered by a court, whichever is sooner.

The parties voluntarily agree that arbitration shall be the exclusive, final and binding remedy for any and all disputes, (except as provided above), between the parties hereto. The arbitrator shall only be authorized to exercise the power specifically enumerated in this Agreement and to decide the dispute(s) in accordance with the governing principles of law and equity. The arbitrator shall have no authority to alter, amend, or modify the terms of this agreement made herein. Should any party fail to appear or participate in the arbitration proceedings, the arbitrator may make a decision based on the evidence presented in the proceedings by the appearing party to the dispute. The arbitrator shall issue a written award within sixty (60) calendar days of the date the matter is submitted.

Judgment on the arbitration award may be entered in any court of competent jurisdiction. The adjudication of all disputes shall take place in the city of San Rafael and county of Marin, state of California, unless the parties agree otherwise in writing. All costs associated with the arbitration shall be paid by the Company, except that each party shall bear its own expense for counsel and witness fees.

I understand an offer of employment may be made contingent on passing a job-related physical examination and/or physical examination and/or controlled substance screening. I agree to submit to a physical examination by the Company's designated physical therapist and/or other medical practitioner.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_