

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Zip Code

State

City

Main Phone Number Alternate Phone Number		Number	Email				
EMPLOYMENT EXPERIENCE Please list the names of first. Be sure to account additional page if necessary	for all periods of time.		_				
Name of Employer		Supe	Supervisor		May we contact?		
				Yes	□ No □		
Street Address		Main	Main Phone Number				
Dates Employed (Month/	Year)	Job T	Job Title and Duties				
From	То						
Reason for Leaving							

Position(s) Applied for

Street Address

Print Name (Last, First, & Middle)

Name of Employer		Supervisor	May we contact?		
			Yes □ No □		
Street Address		Main Phone Number			
Dates Employed (Month	n/Year)	Job Title and Duties			
From	То				
Reason for Leaving					
Name of Employer		Supervisor	May we contact?		
			Yes □ No □		
Street Address		Main Phone Number			
Dates Employed (Month	n/Year)	Job Title and Duties			
From	То				
Reason for Leaving					
Have you ever been inve	oluntarily terminated or asked to	o resign from any job? Yes □ No □			
If yes, please explain					

Please explain any gaps in your employment history:	
Please list any other experience, job-related skills, additional languages, or other qualifications that you believe	should
be considered in evaluating your qualifications for employment.	Siloulu
be considered in evaluating your qualifications for employment.	

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENI	RA	L INFORMATION							
	1.	•						Yes □ No	
:	2.	,							
		enable a che	ck on your wor	k and educatior	nal record?			Yes 🗆 No	D
		a. If yes to ei	ther of the abo	ve, please expla	ain:				
;	3.	Have you eve	er worked for t	his company be	fore?			Yes 🗆 No	D 🗆
		a. If yes, plea	ase give dates a	nd position:					
	4.	Do you have	friends and/or	relatives worki	ng for this comp	any?		Yes 🗆 No	D
		a. If yes, nam	ne(s) and relation	onship(s):					
!	5.	On what dat	e are you availa	able to begin wo	ork?				
	ŝ.	Days/Hours	available to wo	rk:					
	N	⁄londay	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	<u>L</u>	Are you avai	lable to work?	 □ Full-time □ P	 art_time □ Shif	 t Work □ Tem	norary		
	, . 3.	•					OR Annually \$		
).).							 Yes 🗆 No	л П
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	-0.							Yes 🗆 No	
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٠		•	•	-	•			Yes 🗆 No	οП
		Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.							

APPLICANT STATEMENT AND AGREEMENT Please read and initial each paragraph below. If there is anything that you do not understand, please ask.
I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and 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.
In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.
If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
I hereby certify 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.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.
I attest that I have given to Visual Terrain true and complete information on this application. No requested information has been concealed. I authorize Visual Terrain to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute

on ny te cause for the denial of employment or immediate dismissal.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature:	Name (print):	 Date:	