



Application for Mooseheart Employment

MOOSEHEART IS AN EQUAL OPPORTUNITY EMPLOYER.

IMPORTANT: VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, SEX, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, PHYSICAL HANDICAP OR MILITARY STATUS. INQUIRIES AS TO AGE OR HANDICAP ARE MADE IN GOOD FAITH FOR NON-DISCRIMINATORY PURPOSES. IN COMPLETING THIS APPLICATION FORM, PLEASE EXCLUDE ANY INFORMATION THE CHARACTER OF WHICH INDICATES THE RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, PHYSICAL HANDICAP OR MILITARY STATUS OF THE APPLICANT. PERSONS EMPLOYED BY THIS COMPANY WILL BE REQUIRED TO PROVIDE VERIFICATION OF INFORMATION REPORTED ON THIS FORM.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date
Street Address		Phone	
City, State, Zip		Alternative Phone	
Position Desired		Pay Expected	
Are you legally eligible for employment in the United States?		When will you be available to begin work?	
Other special training or skills (You feel are relevant to the job for which you are applying)			
How did you learn of our organization?		(E-mail address)	

EDUCATION INFORMATION

SCHOOL	Name & Location of School	Course of Study	No. of Yrs. Completed	Did you Graduate?	Degree/Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT INFORMATION (Please complete for last five employers)

Company Name	Telephone
Address	From / / To / Employed (Month & Year)
Name of Supervisor	Reason for leaving
State job title & describe your duties	

Company Name	Telephone
Address	From / / To / Employed (Month & Year)
Name of Supervisor	Reason for leaving
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Name of Supervisor	Reason for leaving
State job title & describe your duties	

We may contact employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s):
	Reason:

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

1. In order to permit a check of your work and education records, should we be aware of any name change or assumed name that you previously used? YES NO (If yes, identify name(s) and relevant dates)

2. Have you ever been dismissed or requested to resign from any employment? YES NO

Comments:

APPLICANT'S STATEMENT

Please read carefully before signing.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

As part of the procedure for processing this application, I understand that an investigative report may be made, by the Company or through an agency. Information for such reports is obtained through personal interviews with third (3rd) parties such as family members, former employers, business associates, financial sources, friends, neighbors, or others who might be acquainted with me. Information sought may relate to character, previous work performance, general reputation, or personal characteristics. If such an investigation is undertaken, I have a right to obtain a copy of any investigative report furnished to the Company by making a written request to the Company or to the agency furnishing the report within a reasonable time from the date of the report.

I hereby agree to submit to any lawful drug or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment. I also understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to assure any other personal action, either prior to commencement of employment or after I have become employed, or to assure any benefit or terms and conditions of employment, or make any agreement contrary to the foregoing.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I hereby certify that all the information contained on the Application for Employment is true and complete. I authorize the Company to contact all sources necessary to verify this information. I understand that any misstatement or omission is cause for dismissal should I be employed.

Should I be employed by the Company I hereby agree, in consideration of that employment, that all inventions, improvements ideas, computer programs, applications or software (hereinafter 'ideas') I conceive, make, reduce to practice, along or in combination with others, during my period of employment by the Company or result from tasks assigned me to the Company, shall be the property of the Company, and that I will make full and timely disclosure of all such items to the Company and in a form prescribed by the Company, and assist the Company, and assist the Company at any time during and subsequent to my employment by it, in every lawful, proper and reasonable manner, to obtain, maintain and enforce patents, copyrights and intellectual property rights on said items, including the execution and assignment of all documents necessary thereto. I further agree to keep confidential and not to use or divulge, unless authorized to do so by the Company, all confidential information and trade secrets of the Company I obtain or become aware of as a result of my employment.

Signature of Applicant

Date