

NOAH'S ARK, LLC EMPLOYMENT APPLICATION

Personal Data

First Name Middle Last

Street address City State Zip

Home Phone Social Security Number Date

Are you 18 years old or older? Yes / No
 Have you ever been convicted of crime? Yes / No
 If "Yes", please explain: _____

Are you insurable for transportation? Yes / No

Position Preferences

Salary desired: \$ _____ per hour
 Schedule desired: Full time ____ Part time ____ # of hours per week ____
 Could you work overtime? Yes / No
 What date could you start work? _____

Education

	School name and address	Degree or # of years completed	Major or subject	Grade point Average
High school				
College				
Other				

List any licenses, certificates earned or in progress, and/or any additional training programs not included in your formal education:

Previous Employment

List your current or most recent employment first.

Current Employer: _____
Address: _____
Phone #: _____ Position: _____
Dates of employment: From: _____ To: _____
Salary: _____ per Hour Week Month Year (circle one)
Reason for leaving: _____
Supervisor Name: _____
May we contact your employer: Yes / No

Previous Employer: _____
Address: _____
Phone #: _____ Position: _____
Dates of employment: From: _____ To: _____
Salary: _____ per Hour Week Month Year (circle one)
Reason for leaving: _____
Supervisor Name: _____
May we contact your employer: Yes / No

Previous Employer: _____
Address: _____
Phone #: _____ Position: _____
Dates of employment: From: _____ To: _____
Salary: _____ per Hour Week Month Year (circle one)
Reason for leaving: _____
Supervisor Name: _____
May we contact your employer: Yes / No

Professional References

NAME	TITLE	COMPANY	PHONE

Your Pastor's Name: _____

Church: _____ Phone: _____

May we contact your pastor: Yes / No

All hiring and employment at Noah's Ark, LLC is at will.

I understand this application is not an employment contract, nor can it be used to create one. Employment by Noah's Ark, LLC has no specific term and may be terminated by the employee or Noah's Ark, LLC with or without notice. I acknowledge that Noah's Ark, LLC has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Noah's Ark, LLC and that failure to provide this evidence will result in the termination of my employment. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Noah's Ark, LLC. I agree to release and hold harmless Noah's Ark, LLC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Noah's Ark, LLC may be terminated.

Applicant Signature

Date

Applicant Release

In connection with my application for employment and as a condition of continuing employment I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Noah's Ark, LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please Print Clearly:

Full Name: _____

Other names you have used: _____

Sex: Male ____ Female ____ Date of Birth: _____

Social Security Number: _____

Current Drivers License # _____ Issuing State: _____

Other Drivers License # _____ Issuing State: _____