



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Sleep EZzz to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated.

All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
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PRESENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	TELEPHONE
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ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?

DO YOU HAVE A VALID DRIVERS LICENSE ☐ YES ☐ NO **CDL** ☐ YES ☐ NO CLASS _____

LICENSE NUMBER _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 5 YEARS? ☐ YES ☐ NO IF YES
GIVE A BRIEF DESCRIPTION _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? ☐ YES ☐ NO
IF YES, GIVE FULL PARTICULARS.

(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR: _____

REFERRAL SOURCE-

ADVERTISEMENT (specify): _____ AD NUMBER _____

PLACEMENT FIRM (firm name): _____

SCHOOL PLACEMENT OFFICE (school name): _____

OTHER: _____

ARE YOU WILLING TO WORK WEEKENDS? ☐ YES ☐ NO

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE YOU WILLING TO RELOCATE: ☐ YES ☐ NO

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? ☐ YES ☐ NO

IF YES, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? ☐ YES ☐ NO

IF YES, GIVE NAME, RELATIONSHIP

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? ☐ YES ☐ NO

IF YES, WHEN? (MO.) _____ (YR.) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE COMPANY ☐ YES ☐ NO

IF YES, WHEN? (MO.) _____ (YR.) _____ FOR WHAT POSITION? _____

EDUCATION

LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM ____/____ TO ____/____

GRADUATED? ☐ YES ☐ NO

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM ____/____ TO ____/____

GRADUATED? ☐ YES ☐ NO

MAJOR _____

DEGREE RECEIVED _____

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM ____/____ TO ____/____

GRADUATED? ☐ YES ☐ NO

MAJOR _____

DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM ____/____ TO ____/____

GRADUATED? ☐ YES ☐ NO

MAJOR _____

DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

_____ Fluent? ☐ YES ☐ NO

_____ Fluent? ☐ YES ☐ NO

_____ Fluent? ☐ YES ☐ NO

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY	EMPLOYED – DATES FROM – TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY	EMPLOYED – DATES FROM – TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY	EMPLOYED – DATES FROM – TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY	EMPLOYED – DATES FROM – TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY	EMPLOYED – DATES FROM – TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

OTHER EMPLOYMENT

LIST PART – TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART – TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED, OR TERMINATED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

SKILLS

TYPING SPEED (WORDS/MINUTE) _____

WORD PROCESSING/OFFICE PROGRAMS USED

OTHER SKILLS YOU FEEL ARE IMPORTANT TO US:

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

SALES _____
ADDING MACHINE _____
MAINTENANCE _____
WAREHOUSING _____

COMPUTER _____
FUNITURE ASSEMBLY _____
DELIVERIES _____
SHIPPING RECEIVING _____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY.

1. _____
2. _____
3. _____
4. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed affect my application. I further understand that any false or misleading statement of omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY CERTIFY that by execution of the application, I acknowledge that the company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements of otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including test for the presence of illegal drugs of alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated at will at anytime for any reason by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Owner or manager of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Signature: _____

Date: _____