PALM BEACH ICE WORKS, LLC EMPLOYMENT APPLICATION

The following information is requested so that we may make the best possible placement. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing the application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, or any other characteristic protected by law.

mr	TA	SE	\mathbf{n}	TATO	•
ы	HA	H	РК	I IN I	

I LEASE I KIN	1				
NAME	(Last)	(First)	(Middle)	(Social Security #)	
					2
ADDRESS		(Street)		(Home Phone)	
(City)		(State)	(Zip)	Email Address	
LIST OTHER S	STATES IN WH	ICH YOU LIVED IN THE I	LAST 5 YEARS?		
IF HIRED, DO	YOU HAVE A	RELIABLE MEANS OF TR	ANSPORTATION?	□Yes □No	
DO YOU HAV	E THE LEGAL	RIGHT TO WORK IN THE	U.S.?	□Yes □No	
HOW DID YO	U HEAR ABOU	T THIS JOB?		(Driver License #)	
POSITION FO	R WHICH YOU	ARE APPLYING		DESIRED SAL	ARY
HOW DID YO	U HEAR ABOU	T THIS JOB?	U.S.?	(Driver License #)	ARY

EMPLOYMENT RECORD (Please account for all time over the past five years, listing the most recent job first. Use additional sheets if necessary.)

DATE OF EMPLOYMENT	NAME/ADDRESS OF EMPLOYER & NAME OF SUPERVISOR	JOB TITLE & RESPONSIBILITY	REASON FOR LEAVING
FromToPhone	1.		
FromToPhone	2.		
FromToPhone	3.		
From To Phone	4.		
From To Phone	5.		

Please indicate by number the employers we may NOT contact and the reason.		

ELEMENTARY	SCHOOL	# OF YEARS				
ELEMENTARY	Name and address	ATTENDED	DEGR	REE	M	AJOR
	1 2 3 4 5 6 7 8		2201		147	113010
Please circle	å		1			
highest attained:	1		1			
HIGH SCHOOL	9 10 11 12					
COLLEGE	1 2 3 4 5 6					
OTHER						
MILITARY SERVICE:	Are you a Veteran? □Yes □No If yes, give dates of service.	From		Special Skills training:		
-		don', on improjor	Ī.			IAT WOUI
QUESTIONS:	*	ddiv, ok kelioloiv	Г			
QUESTIONS:		ddin, ok keeldioi		Full tin		
	*	doin, or relation			ne	
Are you seeking: Are you currently en	*		Temporary_		ne	Part time
Are you seeking: Are you currently ending the second of t	mployed?		Temporary_		ne	Part time
Are you seeking: Are you currently end f you are hired, who Are you on Layoff a	mployed? en can you begin work? and subject to recall? discharged or asked to resign from any	y position?	Temporary_		ne Yes	Part time No

No_

No

No

Yes

Yes

Are you at least 18 years of age?

you are applying?

If under 18 years of age, can you produce a work permit upon hire?

Do you have any physical, mental, or medical impairment or regularly use any drugs or medication, which might interfere with your ability to perform or would require reasonable accommodation for the job for which

Are you able to comply with this job's attendance schedule?

Parole? Yes No— Awaiting trial? Yes No— OTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar for mployment. PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fast or circumstance. I understand that faisifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States according to the law. I understand that in the continuation of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize his employer to make an	COIII	ding and money handling security policies require that we ask if you have ever been convicted or pled nolo endere or had adjudication withheld of a felony or first degree misdemeanor.	Yes	No_
OTE: Felony convictions or the oriense and disposition of the case. Include dates and places. OTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar for mployment. PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fast or circumstance. I understand that flaistifying or omitting information on this form may cause me to be disqualified from further consideration or disminsted from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release this company from all liability of supplying any information or of my employment for whatever reason, I release this company from all liability for supplying any information or of my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor				
PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fast or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no ne, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement, contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability of supplying any information concerning my employment for whatever reason, I release this company, for all phileations made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through avaisation for my em	If yes	s, state the nature of the offense and disposition of the case. Include dates and places	Yes	_ No
PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States wild disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no entire any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability of supplying any application or their required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment for whatever reason, I release this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigation report they deven mocessary through various third party sources. Upon my formal written request whort i	ION	E. Felony convictions or the existence of a criminal record does not constitute an automatic her for		
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,	empl	oyment.		
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,				
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,				
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,				
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,				
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,				
I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any faet or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that for one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record,		PLEASE READ ALL OF THE FOLLOWING PEROPE GROWNS		
may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I her		TELASE READ ALL OF THE FOLLOWING BEFORE SIGNING		
may cause me to be disqualified from further consideration or dismissed from employment. All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I her		I certify that the information shown on this application is correct and complete to the last of		
All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employ		into not knowingly withinful ally last of circumstance. I understand that falsifying or omitting information and the	that I	
All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby authorable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby authorable that may be required of me whether prior to my employment or if employed by thi		may cause me to be disqualified from further consideration or dismissed from employment.	IOIII	
United States will disqualify me from employment. I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning meployment or any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition tha				
I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter, if requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for a		according to the law. Lunderstand that failure to provide actions of legal authorization to work in the United S	States	
I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand agree that in the event that I receive medical treatment for any c		United States will disqualify me from employment	n the	
with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment prov				
with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment prov		I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or improve the contractual right, expressed or improve the contractual right.	lied	
other than the employer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no emp		in the state of th	2 4 6	
I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment horize the employer to investigate, confirm, and sup		The or without budge of fibility, at ally tille, at the opposite the employer or myself. I am James at the	NAME OF TAXABLE PARTY.	
I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test. The examination and the test will be performed at the employer's expense, by the firm's choice of physician. I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the com		contrary to the foregoing.	ment	
I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed operations.				
I authorize this employer to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed operations.		I understand that if hired, I may be required to undergo a physical examination and drug and alcohol-screening test.	The	
answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. Therefore, the employer to investigate, confirm, and supplement any information contained on this application and to contact formed opers unless otherwise stated below.		examination and the test will be performed at the employer's expense, by the firm's choice of physician.	l	
answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed opers unless otherwise stated below.		I authorize this employer to make an investigation of all information contained in this application for an all information contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in this application for a line of the contained in the contained		
sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I truther understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. The provider and a confirm, and supplement any information contained on this application and to contact formed toyers unless otherwise stated below.		release from all liability all companies and corporations supplying such information. I am denote the	I	
release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. The provider and a company can change wages, benefits, and conditions at any time.		Twistors, statements, or implications made by me on this application or other required decomments of the	-	
employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formeloyers unless otherwise stated below.		Tournelli cause for delital of elliployillent of discharge I non termination of my complement for the	- 1	
request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formeloyers unless otherwise stated below.		process and company from all flatility for supplying any information concerning my employment to any	-4:-1	
hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed overs unless otherwise stated below.		Taile any office investigative report they deem necessary through versions third next, and the		
this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formetoyers unless otherwise stated below.		1 reduces within a reasonable belief of fille I will be notified as to the nature and come of such intime.	~	
be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed overs unless otherwise stated below.		and to subtilit to dily till to the till till till till till to the till the till to the till till till till till till till til	1 1	
is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formed overs unless otherwise stated below.		and company at any unit uncleaner. In requested I will take a physical evamination post ich offer and any limit	***	
between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact formely overs unless otherwise stated below.		The conditional upon passing such examination. Diffing such employment I understand and and and and and and and and and	-	
employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact forme overs unless otherwise stated below.		1 is job related, I noticely dudiotize the lilling release and exchange of such medical information maleting to	•	
for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. horize the employer to investigate, confirm, and supplement any information contained on this application and to contact forme loyers unless otherwise stated below.		Tourney the treatment provider and a company designated physician. I further understand that this is a second to the state of the state	~ I	
horize the employer to investigate, confirm, and supplement any information contained on this application and to contact forme loyers unless otherwise stated below.		I supposition and that it children control is being offered I understand that if I am and I am	t is	
loyers unless otherwise stated below.	ho-	Lot all indefinite period of time and mat the company can change wages, henefits, and conditions at any time	4	
eyers uness outerwise stated below.	IOVA IOVA	ers unless otherwise stated below.	d to conta	ct forme
e read and understand the above.	,	and the stated of the stated o		
e read and understand the above.				
re read and understand the above.				
	e re	ead and understand the above.		
	cal	nt's Signature: Date:		