

CAINE & WEINER

EMPLOYMENT APPLICATION

Company policy and federal and state law prohibit discrimination due to sex, race, color, religion, national origin/ancestry, citizenship, age, physical or mental disability, medical condition, marital status, sexual orientation, disabled veteran status, Vietnam-era veteran status, or any other characteristic protected by federal or state law.

Type or print legibly. Answer all application questions to the best of your knowledge. Omission or falsification will result in refusal to hire or termination should you become employed.

POSITION APPLYING FOR: _____

PERSONAL				
NAME	(Last)	(First)	(Middle)	SOCIAL SECURITY NO.
PRESENT ADDRESS	(No.)	(Street)	(City)	(State) (Zip Code)
HOME TELEPHONE NO:	BUSINESS TELEPHONE NO:		MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER?	
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Are you at least 18 years of age? Yes No Do you have the legal right to work in the United States? Yes No
 If under 18, can you submit a work permit? Yes No Acceptance is contingent on proof of legal right to work in U.S.
 Have you ever been convicted of a crime other than a minor traffic offense? Yes No *Note:* This Company will not deny employment to any applicant solely because the person has been convicted of a crime. This Company, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.
 Have you signed a non-compete agreement with a past or present employer? Yes No

AVAILABILITY	
I am available to work:	<input type="checkbox"/> Full Time without restriction <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship <input type="checkbox"/> Day <input type="checkbox"/> Night
Date available to begin work: _____	Desired Salary: _____

EMPLOYMENT HISTORY

Please list your most current dates of employment first.

Dates of Employment	Company Name and Address	Supervisor	Salary	Reason for Leaving
From: To:				
Duties and Responsibilities: _____				
Title: _____		Phone _____		

Dates of Employment	Company Name and Address	Supervisor	Salary	Reason for Leaving
From: To:				
Duties and Responsibilities: _____				
Title: _____		Phone _____		

Dates of Employment	Company Name and Address	Supervisor	Salary	Reason for Leaving
From: To:				
Duties and Responsibilities: _____				
Title: _____		Phone _____		

Dates of Employment	Company Name and Address	Supervisor	Salary	Reason for Leaving
From: To:				
Duties and Responsibilities: _____				
Title: _____		Phone _____		

Please identify and explain all periods of unemployment, other than approved Leaves of Absence in the last 5 years.

May we contact the employers listed above? Yes No If not, please indicate which one(s) you do not wish us to contact. _____

EDUCATIONAL RECORD

SCHOOL ATTENDED	FULL NAME OF SCHOOL	CITY & STATE	Did you Graduate?	Type of Degree and Major
Last High School				
Junior College				
College or University				
Graduate School				
Trade School				

SKILLS

Foreign Languages: (Proficiency to speak, read or write) _____

Machines operated: _____

Typing? Yes No W.P.M. _____ Shorthand? Yes No W.P.M. _____

Computer Skills: _____

Other Skills: _____

REFERENCES

NAME	RELATIONSHIP	EMPLOYER	POSITION	ADDRESS & TELEPHONE
Do you have any relatives employed by this Company or any of its subsidiaries? _____	If "Yes," give _____	(Name)	(Relationship)	(Facility) (Position)

How were you referred to this Company? Newspaper Employee Agency School Other

Give name(s) of each checked: _____

Have you ever worked for this company or any of its subsidiaries? Yes No

If "Yes," give details: _____ (Facility) _____ (Dates) _____ (Position)

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission may result in the refusal to hire or the termination of my employment at any time.

I give the Company the right to make a thorough investigation of my past employment, education, financial background, and activities. I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the Company's reliance on the information furnished.

My employment with the Company may be contingent upon my successful completion of a post-offer medical examination which includes a blood, urine and/or other medical test for alcohol, drugs and controlled substances. Prior to testing, I agree to sign the Company's authorization forms wherein I will agree to submit to such testing and to authorize the release of the results to the Company. The physical examination and substance test will be conducted at the Company's expense by a health care provider selected by the Company.

I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company, to meet the Immigration Reform and Control Act of 1986 requirements.

In consideration of my employment, I agree to conform to the Company's policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific, express written employment contract which is signed by the Chief Executive Officer or the Chief Operating Officer of the Company and me. This represents an integrated policy with respect to the at-will nature of the employment relationship.

APPLICANT'S SIGNATURE

DATE

This application is valid for 30 days from this date. If you wish to be considered for employment subsequent to this date, a new application must be completed.