



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date: _____ SSN: _____

Name: _____
Last First MI

Current Address: _____

Previous Address: _____

Mobile Phone Number: () _____

Home Phone Number: () _____

Email Address: _____

Are you 18+ years old? Yes
 No

List any other names you have worked under: _____

EMPLOYMENT INFORMATION

Position Applying For: _____

Desired Start Date: _____

Desired Compensation: _____

Desired Shift: Regular, Full Time
 Regular, Part Time
 Seasonal

Referral, if applicable: _____

Current Employment: Employed: May We Contact Your Current Employer? Yes No
 Unemployed

Have you ever worked for Tera Miranda? Yes Dates: _____
 No

Have you ever been convicted of a Felony (do not include traffic violations)? Yes No

If "Yes", provide dates and explanation: _____

EMPLOYMENT INFORMATION

	Name of School	Last Grade Completed	Did You Graduate?	Type of Diploma/Degree
High School				
Trade or Correspondence School				
College				
Graduate School				

Check any special skills/licenses that you have:

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal Computer Skills | <input type="checkbox"/> Word Processing | <input type="checkbox"/> WPM Number _____ |
| <input type="checkbox"/> Leadership/Supervisory Experience | <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> CDL | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Forklift Certification | <input type="checkbox"/> Other, Specify: _____ | |

U.S. Military or Naval Service: Yes, Rank: _____
 No

Present Membership in the National Guard: Yes
 No

EMPLOYMENT INFORMATION

List your last four employers, starting with the most recent.

Dates Month/Year	Name of Employer	Employer Address	Manager Name and Phone Number	Salary Starting/Ending	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

Which Position/Role did you like best, and why?: _____

Which Position/Role did you like least, and why?: _____

REFERENCES

List the names of at least three persons not related to you whom you have professionally known for at least one year.

Name	Title	Company	Phone Number	Address

I am seeking employment with Grand Lake Holdings, LLC because I have a sincere interest in actual employment with the company. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal at any time. Further, I understand and agree that my Employment and Compensation are for no definite period of time, and may be terminated at any time with or without any previous notice. I also agree that the conditions of my employment may be change with or without notice. The undersigned agrees that as a condition of employment, the company may from time-to-time require associates to submit to a chemical drug screen.

Signature

Date

EMERGENCY CONTACT INFORMATION

Name: _____

Last

First

MI

Address: _____

Email Address: _____

Phone Number: () _____

AUTHORITY FOR THE RELEASE OF INFORMATION

I have applied to Grand Lake Holdings, LLC for employment. Please release all information requested regarding employment with your company. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me due to compliance, or any attempts to comply with this authorization.

Name (printed)

Date

Signature

Date