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THE MIRABEL CLUB

Employment Application

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law.

Personal Information

Full Name:			
Social Security No:		Today's Date:	
Street Address:			
City:	State:		Zip:
Phone No:		Email:	

EMPLOYMENT INFORMATION

Position Applied For:	Date Available:	Desired Salary:				
Are you at least 18 years of age?		Are you eligible to work in the United States?				
Have you ever been interviewed by Mirabel? If Yes, list date(s), job title(s)						
Have you even been employed by Mira	bel?	If Yes, list date(s), job title(s)				
Do you have any relatives employed by	Mirabel?	If yes, name(s), job title(s)				
Have you ever been convicted of or ple A conviction will not necessarily disqualify you fre applying for.			, please explain: Il be considered in relation to the position for which you are			

EDUCATION

SCHOOL NAME	CITY, STATE	YEARS ATTENDED	DEGREE RECEIVED	AREA OF STUDY

EMPLOYMENT HISTORY

Start with your present or most r	ecent job.	Include any job-relate	d military service assig	gnments, se	lf-employment, summer and
part time jobs.					
May we contact your present em	ployer? Ye	es No		_	
Are you currently bound by a nor	n-competiti	on. non-solicitation or	r trade secret agreeme	ent? Yes	No
Have you ever been discharged o					
Employer Name		City		State	
Position Held	Dates Emp	ployed	Starting Salary		Ending Salary
Supervisor Name		Supervisor Phone		Reason fo	r leaving
Duties		1		*	

Employer Name City			State		
Position Held	Dates Em	ployed	Starting Salary	1	Ending Salary
Supervisor Name		Supervisor Phone		Reason fo	r leaving
Duties		•		8	

Employer Name City			State		
Position Held	Dates Em	ployed	Starting Salary	1	Ending Salary
Supervisor Name	Supervisor Phone			Reason fo	r leaving
Duties				-	

Employer Name		City		State	
Position Held	Dates Em	ployed	Starting Salary		Ending Salary
Supervisor Name		Supervisor Phone		Reason fo	r leaving
Duties				-	

ADDITIONAL CERTIFICATES, LICENSES AND

JOB-RELATED SKILLS

APPLICANT'S CERTIFICATION AGREEMENT

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves that right to change wages, hours, and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

I understand that any employment offer is contingent upon providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature