Eastwood Management Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Eastwood Management is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

	-		-			
PLEASE COMPLETE	PAGES 1-6		DA ⁻	TE		
Name						
December	Last	First	Midd	lle		Maiden
Present address	Number	Street	City	State	Zip	
How long?			Social Securit	ty No		
Telephone ()						
Email						
Are you over 18 years	of age?					
Are you authorized to	work in the United States?					
Position Desired:			Days/hou No Pref	urs availa	able to work Thur	
Salary Desired:			Mon		Fri	
(Be specific)			Tue		Sat	
			Wed		Sun	
How many hours can you work weekly? Can you work nights?						
Employment desired	□FULL-TIME ONLY	□PART-T	IME ONLY	□FUL	L- OR PART	-TIME
When are you available	e to work?					
-						
Job functions may incli	ude lifting (up to 30-50 lbs)	, kneeling, grippi	ng, pulling, climb	oing ladd	ers, and star	nding or walking for
iong stretches of time.	Are you able to satisfy the	ese requirements	with or without a	accomm	odations?	
-						

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETE D	MAJOR, DEGREE & GRADUATION DATE			
High School							
College							
College							
Bus. or Trade School							
Professional School							
HAVE YOU BEEN CON	IVICTED OF A FELONY	IN THE LAST 7 YEARS?	□ No	☐ Yes			
If yes, explain number of committed, sentence(s)	of conviction(s), nature of imposed, and type(s) of	offense(s) leading to conviction(s), how recently s	such offense(s) was/were			
Have you ever been disciplined, fired or dishonorably discharged in the last 7 years? If so, explain.							

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DO YOU HAVE A VALID DRIVER'S LICENSE?	l No				
Do you have reliable transportation to the workplace?					
Driver's license number State of issue Expiration date	□ Operator □ Commercial (CDL) □Chauffeur				
Do you understand that a Motor Vehicle Report may be requested company? A separate consent may be requested, but you acknowledge that to an MVR being run on your driving record.					
OFFICE	SKILLS				
	WPM(If known) 10-key proficient? ☐ Yes ☐ No				
Computer Experience ☐ Yes ☐ No If yes, which systems? ☐	□PC □Mac □Other:				
1	Other Skills				
Please list two references other than relatives.					
Name	Name				
Position	Position				
Company	Company				
Address	Address				
Telephone ()	Telephone ()				
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please include qualifications such as licenses, certifications, skills, training, and awards. Add pages as necessary or attach to the end of the application.					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Experience Please list your work experience for the past five employers beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employ	уег	Name of last supervisor	Employment dates			
City, State, Zip Phone number	Code		From To			
		Your last job title				
Reason for leav	ring (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
			Ι			
Name of emplo	уег	Name of last supervisor	Employment dates			
City, State, Zip Code Phone number			From To			
		Your Last Job Title				
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work

experience If you were self-employed,	give firm name.	Attach additional she	ets if necessary.
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			From
Filone number			То
		Your last job title	
Reason for leaving (be specific)		•	
List the jobs you held, duties performed, ski company.	lls used or learne	d, advancements or pro	omotions while you worked at this
			1
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			From
Priorie numbei			То
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, ski company.	lls used or learne	d, advancements or pro	omotions while you worked at this
May we contact your present employer?	□ Yes □ No		

Please list your work experience for the past five employers beginning with your most recent job held.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by EASTWOOD MANAGEMENT (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of EASTWOOD MANAGEMENT, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and EASTWOOD MANAGEMENT may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, criminal history, character, general reputation, personal characteristics, and driving record. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant	D	_ Date:	

Thank you for completing this application form and for your interest in our company.