Employment Application Form

EQUAL EMPLOYMENT OPPORTUNITY

4 Your Peace of Mind, LLC is an Equal Opportunity Employer. We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

DISCLAIMERS

We are glad you are interested in joining **4 Your Peace of Mind, LLC**'s team. Please read the following statements carefully before you agree and submit this application.

- **4 Your Peace of Mind, LLC**, in considering your application for employment, may verify the information set forth on this application and obtain additional information related to your background.
- **4 Your Peace of Mind, LLC** offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time.

NOTE TO CANDIDATE

This application will be considered active for 60 days. If you have not been hired within 60 days of submitting this application and you wish to be considered for employment, you must complete a new application.

PERSONAL INFORMATION:

Candidate's Name:				
	Last	First	Middle	
Address:				
Street City State Zip				
Home Telephone Numb	oer:			
Mobile Phone Number:				
E-mail Address (optional	al):			
Are you 18 years old or	older? Yes	[] No []		
Are you legally authoriz	ed to work i	n the U.S.?	Yes [] No []	

If hired, can you submit documentation verifying your identity and your legal right to work in the U.S. within 3 business days of when you begin work for pay? Yes [] No []
Have you ever worked or attended school under another name? Yes [] No []
If so, under what name?
Excluding minor traffic offenses, have you ever been convicted of a crime?* Yes [] No []
If yes, give details, including date(s):
*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.
If offered the position, would you be willing to allow 4 Your Peace of Mind, LLC to do a criminal background check? Yes [] No []
If offered the position, would you be willing to take a drug test as a condition of employment? Yes [] No []
POSITION/AVAILABILITY:
Position Sought:
Available Start Date:
Do you prefer:
Full-time

- Part-time

Days/hours available:

Monday	From	То
Tuesday	From	То
Wednesday	From	То
Thursday	From	То
Friday	From	То

Saturday	From	То
Sunday	From	То

Total hours per week desired:
Are you available to work: Weekends* Yes [] No []
Holidays* Yes [] No []
Nights* Yes [] No []
*If required for the position for which you're applying.
Are you available to work overtime? Yes [1 No [1

EDUCATION:

	Name and Location	Graduated? Degree?	Major/Subject of Study
High School		Yes [] No [] Degree:	
Technical School		Yes [] No [] Degree:	
College or University		Yes [] No [] Degree:	
PostgraduateSchool		Yes [] No [] Degree:	
Other Education		Yes [] No [] Degree:	

Do you have any Licenses, Certifications or other credentials from any governmental agency to work in the position for which you have applied? Yes [] No []

If Yes, please list all such credentials you possess:

	N	MILIT	TARY EXPERIENCE:	
Have you served in the	e US milita	ary?	Yes [] No []	
If Yes, please describe	If Yes, please describe any relevant skills acquired while serving in the US military.			
	Е	EMP	LOYMENT HISTORY	
Please list all previous you may attach additio			eginning with the most recent. If you need more room, aper.	
Employer:	Address:		ess:	
From to	Position Held:	Reason for leaving:		
Supervisor's Name & Title: May we contact? Yes [] No []		May we contact? Yes [] No []		
Description of Duties:				
Starting Pay:	F	Final Pay:		
Employer:	A	Address:		
From to	Position Held:	Reason for leaving:		
Supervisor's Name & Title:			May we contact? Yes [] No []	
Description of Duties:				
Starting Pay: Final I		Final	Pay:	
Have you previously w	orked for	4 Y	our Peace of Mind, LLC? Yes [] No []	
If so, from	t	to	·	
Reason(s) for leaving:				
How did you learn about this opening?				

If you have any additional documents to support your application, including but not limited to a Resume, you may attach those documents to this application.

Acknowledgment and Authorization

I certify that the information contained in this application is true and complete. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information or omission (including any misstatement) on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by 4 Your Peace of Mind, LLC, can be grounds for my immediate termination from 4 Your Peace of Mind, LLC.

I authorize **4 Your Peace of Mind, LLC** to check and verify any and all information listed above, including but not limited to my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that this application is not a contract, offer or promise of employment and that if hired, I will be an at-will employee. As such, I will be able to resign at any time for any reason. Likewise, **4 Your Peace of Mind, LLC** can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than **4 Your Peace of Mind, LLC** has the authority to enter into an employment contract or agreement with me and that my at-will employment can be changed only by a written agreement.

	
Candidate's Signature	Date