



Employment Application

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, or the presence of a non-job related medical condition or handicap. EOE This application must be filled out completely including the complete work history.

Last Name	First	Middle	Date of Application
Present Address		City	Zip Code
Home Phone	Years at Above Address	Driver's Lic. No.	Exp Date
		Soc. Sec. No	
Position Applied		Full or Part Time	Shift or Hrs. Preferred

1. What are your wage expectations? Hourly _____ Salary _____
2. Can you fully and safely perform the essential duties with reasonable accommodation? Please explain: _____

3. Can you, after employment, submit verification of your legal right to work in the U.S.? Yes ____ No ____
4. Have you ever been convicted of a crime? (NOTE: Conviction is not an automatic bar to employment.) Yes ____ No ____
If "yes," please explain: _____
5. Have you ever been dismissed or asked to resign? Yes ____ No ____ If Yes, Please explain: _____

High School:

Name	Number of Years	Diploma
Address	City	Major

College:

Name	Number of Years	Diploma
Address	City	Major

Trade, Professional, ETC:

Name	Type of School
Courses Studied	City
	Certified/Licensed?

Military:

Service Branch	Speciality	Final Rank
----------------	------------	------------

Please fill out completely. Please attach your resume to this application.

Business References

Please list three (3) business references, not related to you who can attest to your capabilities.
Please include name address and phone number.

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Beginning with most recent job, fully account for all time, including
periods of unemployment, for the past ten (10) years.

1. _____
Company Name Employed From (date) To (date)

Address Phone Number

Ending Pay Position Held Supervisor's Name Reason for Leaving

2. _____
Company Name Employed From (date) To (date)

Address Phone Number

Ending Pay Position Held Supervisor's Name Reason for Leaving

3. _____
Company Name Employed From (date) To (date)

Address Phone Number

Ending Pay Position Held Supervisor's Name Reason for Leaving

4. _____
Company Name Employed From (date) To (date)

Address Phone Number

Ending Pay Position Held Supervisor's Name Reason for Leaving

5. _____
Company Name Employed From (date) To (date)

Address Phone Number

Ending Pay Position Held Supervisor's Name Reason for Leaving

Please attach additional comments and furnish any other information that you feel may be beneficial to your application for employment on an additional sheet of paper.

Release of Liability and Consent to Conduct Background Investigation

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand that falsification or omission of any material information on this application or in the interviewing process or in my resume, or failure to pass the pre-employment drug test, if I receive a job offer, may be considered sufficient cause for immediate termination in accordance with ZLN / American West / InterlogUSA policy. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

I agree to have any of the statements herein as well as my background investigated by the company or its agents. I understand that the background investigation may include, but is not limited to, reviewing my education, professional licensing, employment history, credit history, any public records, and personal references. In consideration for reviewing my application and other related information, I hereby waive and release the company, its employees and agents, and all other entities and persons, and their respective employees and agents, from any claims I might have, including defamation and invasion of privacy, arising out of any verbal or written inquiries and/or any verbal or written responses related to investigation of my background as well as the use or disclosure of such information.

By signing below I hereby authorize my previous employers and all references in the above application to provide information about my employment and performance to ZLN / American West / InterlogUSA or it's agents. In addition, I release any former employer, agent or reference from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of any information requested by the company or it's agents.

I understand that all disputes arising out of my employment with the company may be resolved by binding arbitration. I further understand that if offered a position of employment, I will be asked to sign a Non-Competition/ Solicitation Agreement as a condition of my employment.

I agree that if employed, I will abide by all policies and procedures established by the employer. I understand that my employment is "at will," that I may resign at any time, that the employer may terminate my employment at any time, with or without cause, and that no employee or other representative of the company has the authority to make an agreement contrary to the foregoing unless it is in writing and signed by the company president. This constitutes my entire agreement with the company with regard to the matters set forth in the paragraph.

Date

Signature of Applicant

Signature of Employer Representative

Equal Employment Opportunity Data

TO THE APPLICANT: Various state and federal government agencies require employers to maintain the following information for job applicants and employees. However, you are not required to provide any of this information. **Your submission of the information is completely voluntary.** If you do provide the following information, this page will be immediately separated from your application, and placed in a confidential file. **This information will not be used in any way in making employment decisions.**

Name _____ Date _____

Position Applied For _____

Sex _____ Birthdate _____ Age _____

Physical Disability (if any) _____

Race/Ethnicity (please check one)

_____ American Indian or Alaska Native

(all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)

_____ Asian or Pacific Islanders

(all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands; this includes China, Japan, Korea, the Philippines, and Samoa)

_____ Black (not of Hispanic origin)

(all persons having origins in any black racial groups of Africa)

_____ Hispanic

(all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race)

_____ White (not of Hispanic origin)

(all persons not classified into one of the other four specific minority categories; this category also includes all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)