

Thiessen Family, LLC is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law. All employees of Thiessen Family, LLC are "at will" employees subject to termination at any time, for any reason, or for no reason. Thiessen Family, LLC provides reasonable accommodations for the known disabilities of applicants, unless to do so would pose an undue hardship to the company. Please feel free to let us know if you need an accommodation to complete the application process.

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Company___ ______ Address _____ City/State_ _____Zip _____ Telephone (____) _____ Supervisor _____ Position_ ____ Dates Worked ___ FOR OFFICE USE ONLY Wage__ _____ Reason For Leaving _____ Reference Checked By: Date: Job Duties Address Company__ _____Zip _____ Telephone (____) _____ City/State____ _____ Supervisor _____ _____ Dates Worked ___ FOR OFFICE USE ONLY Reason For Leaving Reference Checked By: Job Duties ___ Company_____ Address ____ ______Zip ______ Telephone (____) _____ _____Supervisor _____ Dates Worked __ FOR OFFICE USE ONLY Reason For Leaving Reference Checked By: Job Duties Do we have permission to contact your current employer? Yes No If No, please explain Miscellaneous Have you ever been convicted of a crime? \square Yes \square No \square If Yes, please explain Conviction will not necessarily dis-qualify an applicant. The recency, severity, and pertinence of the conviction to the job will all be considered. Note, leaving this question blank will be considered a "NO" response. Can you perform, with or without reasonable accommodations; the essential functions of the position for with you have applied? \square Yes \square No If No, please explain ____ How did you hear about the position you are applying for? REFERENCES List the names of three people not related to you who have known you for at least one year. City, State How You Know Them Name Years Known Phone

EMPLOYMENT HISTORY

APPLICANT CERTIFICATION AND AGREEMENT

In consideration of being employed by Thiessen Family, LLC, I understand & agree that:

- 1. This application is not a contract of employment.
- 2. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, & I hereby give my consent to release all information for the employer to determine my abilities to perform job duties now or in the future. I also give my consent to physical searches of myself, lunch box, locker, purse, or any packages I have while on the company's premises, whether or not I have a lock on such items
- 3. The needs of the employer may require overtime to be scheduled. I accept these conditions of employment.
- 4. Thiessen Family, LLC is an equal opportunity employer. The employer does not discriminate in employment & no question on the employment application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.
- 5. If employed, I may terminate my employment at any time without notice or cause, & the employer may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules & regulations of the employer, & I understand that no department head or representative of Thiessen Family, LLC, other than the owner, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
- 6. If employed, I understand & agree that my employment is for no definite period of time, & may, regardless of the date of payment of wages & salary, be terminated at any time without any previous notice. If terminated, the employer is liable only for wages or salary earned as of the date of termination.
- 7. This application is current & active for only thirty (30) days. At the conclusion of this time, if I have not had any contact from the employer & still wish to be considered for employment, it will be necessary for me to reapply.

or deliberately leave out a fact in my application, I may be refused employment, or if employed I may	be terminated.
Signature	Date

I have read & agree to the above & hereby certify that the facts I have provided in my employment application are true & complete. If I misrepresent

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

Full Name:					
Last	First	Midd	Middle Initial		
Maiden or Previous Name Used:					
Present Address:					
For identification purposes only	7:	City	State	Zip Code	
Date of Birth:					
Social Security Number:					
Driver's License Number:		State:			
I,	ecord, and general public of an investigative consum- formation about my backg to be advised of the natu	about my employment, c records history. mer report. I understar round, my mode of liver and scope of the inverse.	education, consum that such as inving, character, and	mer credit estigative I personal	
I release the company, its respecti or reports about me from any and		<u> </u>			
In using a consumer report for emon the report, the company shall produced description in writing of the rights Commission section 609c(3). I all results of the background investig	provide to the consumer to s of the consumer under to so understand that any ex-	to whom the report relations title, as prescribed	ntes, a copy of the by the Federal Tra	report and a ade	
Signature		Date			