

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?
 If no, please explain: _____ Yes No

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capacity? Yes No

If yes, please explain: _____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, sexual orientation, or national origin.)

Give name, address, and telephone number of three references who are not related and are not previous employers.

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Specialized Training, Skills, or Activities				
Honors Received				

State any additional information you feel may be helpful to us in considering your employment:

Summarize special skills and qualifications acquired from employment or other experience:

Start with your most recent or present job. Include military service assignments and volunteer activities.

Employer _____

Address _____

Phone _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Work Performed _____

Employer _____

Address _____

Phone _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Work Performed _____

Employer _____

Address _____

Phone _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Work Performed _____

Employer _____

Address _____

Phone _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates Employed: From _____ To _____

Work Performed _____

Applicants are considered for all positions regardless of race, color, religion, sex, sexual orientation, national origin, age, martial, or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize Studio Branca to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Studio Branca.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that employment and compensation can be terminated, with or without notice, at any time, at the opinion of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor, or representative of management, other than the President (or ranking officer) has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during employment if I am offered and accept the job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or medical condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

Signature _____ Date _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____

Date _____ Accepted for Employment _____