

## APPLICATION FOR EMPLOYMENT

Pollywog Place is an equal opportunity employer and affords equal opportunity to all qualified applicants for all positions without regard to race, color, religion, gender, national origin, genetic information, age, marital status, veteran status, disability or any other status protected under local, state or federal laws.

INTRODUCTORY INFORM	ATION:			
Name:				
Address:				
City:	_ State:	Zip:	Phone	:
APPLICANT QUESTIONS:				
Part Time/Full Time:	_ Date Av	ailable:	-	
If hired, can you provide docum YES _	ments required to e No	establish your elig	ibility to work	in the U.S.?
Are you 16 years of age or olde	er?			_ Yes _ No
How were you referred to Polly	wog Place?			
The position you are applying and state law enforcement. Are background check?	<del>-</del>		-	
Yes No				
EDUCATION:				
High School or last grade comp	<u>oleted</u> :			
Name & Address of School:				
Course of Study:		Numb	er of years con	npleted:
Degree/Diploma:				
College or Technical School				
Name & Address of School:				
Course of Study:		Numb	er of years con	npleted:
Degree/Diploma:				
Other Schooling or Training				
Name & Address of School:				
Course of Study:	Number of years completed:			
Degree/Diploma:				
MILITARY EXPERIENCE:				
Branch of Service:		From	n:	To:
Rank/Type of Service:				
Special Training/Experience:				

## **RECORD OF EMPLOYMENT:**

List positions starting with	most recent:			
Employer:			Telephone:	
Address:				
			·	
Start Date:	Date Left:			
Duties:				
Reason for Leaving:				
Employer:			Telephone:	
Address:				
Position Title:		Supervisor:	·	
Start Date:	Date Left:			
Duties:				
Reason for Leaving:				
Employer:			Telephone:	
Address:				
			·	
Start Date:	Date Left:			
Duties:				
Reason for Leaving:				
WORK-RELATED REFE	RENCES: (Do not	include relatives	5)	
Name	Occupation	Years Known	Contact Information	
1				
2				
3				
I understand that employn	nent with Pollywog Place	(the Company) i	ore signing this application): s at-will, meaning that I or the Company consistent with applicable state or federal	
history, and verify all data Company, and its represen	given on this appli tatives or agents, fa all individuals, scho	cation and during rom any liability ols, and firms na	vestigation of my work and personal g interviews. I hereby release the that might result from such an amed to provide any requested information information.	
I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.				
Signature of Applicant:			Date Signed:	