

# EMPLOYMENT APPLICATION WITH APPLICANT'S STATEMENT

## AVA ENTERPRISE, INC.'S ("AVA") APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

AVA is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information, or any other basis protected by applicable federal, state, or local laws. AVA also prohibits harassment of applicants or employees based on any of these protected categories. It is also AVA's policy to comply with all applicable federal, state, and local laws respecting consideration of unemployment status in making hiring decisions.

### I. PERSONAL INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Mobile Phone No.: (\_\_\_\_) \_\_\_\_\_

Alt. Phone No.: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you ever been employed with AVA before?  Yes  No

If yes, dates of employment? From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Have you ever applied for a position with AVA before?  Yes  No If

yes, date of application: \_\_\_\_\_

For what position? \_\_\_\_\_

Do you have any relatives who are employed with AVA?  Yes  No If

yes, provide the following information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**II. POSITION**

What position are you seeking? \_\_\_\_\_

Full-time employment? [ ] Yes [ ] No

Part-time employment? [ ] Yes [ ] No

How did you learn about the position? \_\_\_\_\_  
\_\_\_\_\_

Salary or hourly wage desired: \_\_\_\_\_

Are you at least 18 years of age? [ ] Yes [ ] No

If hired, can you present proof of your legal right to work in the United States? [ ] Yes [ ] No

**III. PERSONAL COMMENTS**

Describe your strengths for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any weaknesses for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other information that you consider relevant and important to your ability to perform the duties of the job for which you are applying, such as future educational plans, extracurricular activities, hobbies, and civil, fraternal, and charitable organizations (excluding information that may be indicative of race, color, religion, national origin, physical or mental disability, sexual orientation, or any other protected characteristic under federal, state, or local law):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. EDUCATIONAL BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS, AND ADDITIONAL INFORMATION**

**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED (Indicate 1, 2, 3, 4, or 4+)				DEGREE/ DIPLOMA RECEIVED
		1	2	3	4	
High School:		1	2	3	4	
College:		1	2	3	4+	
Technical/Postgraduate:		1	2	3	4+	
Other:		1	2	3	4+	

Please list any additional educational, vocational, and professional information, such as special areas of research, training, seminars, or similar activities, that are relevant to the position for which you are applying (include foreign languages spoken/written):

---



---



---



---

Have you served in the armed forces? [ ] Yes [ ] No

If yes, branch of service: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

List duties in service, including special training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. EMPLOYMENT EXPERIENCE**

Starting with current employment, if any, please list employment history in reverse order:

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Describe your duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your current or last employer? [ ] Yes [ ] No

\*\*\*\*\*

Prior employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*\*\*\*

Prior employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*\*\*\*

**REFERENCES:** Please provide the names, addresses, and telephone numbers of two references who are not related to you:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## VI. ACKNOWLEDGMENT AND SIGNATURE

I certify that all the information contained within this application (and any and all attachments) is true and correct to the best of my knowledge, and I understand that any false information or omissions may lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time any such false information or omission is discovered.

I authorize investigation of all statements contained within this application; authorize AVA to secure information about my background and experience with former employers, educational institutions, and any relevant agencies; and authorize those parties to provide information to AVA concerning my background and experience.

I understand that, if I am employed, my employment with AVA can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of the company. I further understand that nothing in this application, or in any oral or written statement provided to me by AVA, will limit these rights to terminate my employment at will, and no representative of the company will have any authority to change this at-will relationship, unless such a change is authorized **in writing** and duly signed by CHIEF FINANCIAL OFFICER of AVA “(CFO”).

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and proof of eligibility to work in the United States. I further understand that this application is only valid for the position applied for at present and that AVA is under no obligation to retain or consider this application for any future openings.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

## At-Will Statement and “After-Acquired Evidence” Clause for Employment Application

### TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that I may terminate my employment with AVA at any time, with or without cause, for any reason or no reason, and with or without advance notice to AVA. It is also agreed and understood that AVA may terminate my employment of at any time, with or without cause, for any reason or no reason, and with or without advance notice. Employment with AVA is for no specified term.

I understand that this document supersedes all prior understandings or agreements of the parties. I have not been induced to enter into employment by any other representation or warranty outside those expressly set forth in this document. I understand that no one other than the CFO has the authority to alter this policy of “at-will” employment. Further, any change of that policy must be in writing and signed by both myself and the CFO.

I been informed and understand that AVA takes very seriously any false or misleading information provided by applicants on a job application, résumé, or related materials or other statements of fact submitted by job applicants to be considered for employment. Any oral or written statements, or documents, supplied by a job applicant that contain false or misleading information will result in AVA’s refusal to hire the applicant and, if discovered after employment begins, subjects an employee to discipline, up to and including immediate termination of employment.

I understand that only the president of this Company may alter this at-will agreement, by clearly indicating an unequivocal intent to employ me for a fixed period of time, in a writing, signed by both myself and the president, the CFO.

My signature certifies that this application was completed by me, and that all entries on it and information in it are true and correct.

Date: \_ \_ \_ \_ \_

\_\_\_\_\_  
[Print & Sign Name]

## Applicant's Statement

I certify that the information in this application (and any attachments) is true and correct to the best of my knowledge, and I agree to having these statements checked by the company. I understand that any misrepresentation or material omission may result in my failure to receive an offer or, if I am hired, in my dismissal. I authorize my personal references and supervisors to provide information about my previous employment.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the company other than the CFO has any authority to agree to the contrary. Further, no representative of the company may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by the CFO and myself.

I understand that any offer of employment is conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States.

Date: \_ \_ \_ \_ \_

\_\_\_\_\_  
[Print & Sign Name]