

DATE _____

Combination Seven LLC

Applying for Position _____

Personal			
Name:			
Last	First	Initial	Nickname
Address:			
Street	City	State	Zip Code
Contact Information:			
Home	Cell/Other	E-mail Address	
List any Friends or Relatives working for Combination Seven:			

Are you 18 years of age? Yes _____ No _____ If not do you have a work permit? Yes _____ No _____
Are you legally authorized to work in the United States? Yes _____ No _____
Have you ever been terminated from a previous job? Yes _____ No _____ If yes, please explain: _____
Have you filed an application here or with the company before? Yes _____ No _____ If yes, where? _____
Have you ever been employed here or with the company before? Yes _____ No _____ If yes, when _____

Education			
Name	City and State	Course Of Study	Circle Years Completed
High School:			1 2 3 4
Undergrad/Graduate College/University:			1 2 3 4
Other special knowledge, skills or qualifications related to the position(s) you are applying for:			

Employment History

List all positions, starting with your present or most recent position. If information is already on your resume, please attach your resume and fill in only those items not listed on your resume (i.e. reason for leaving, salary, etc.). Please provide an accurate and complete work history.

Employed From / /	Employer Name	Supervisor Name	
Employed Until / /	Employer Address	Supervisor Phone #	
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer Name	Supervisor Name	
Employed Until / /	Employer Address	Supervisor Phone #	
Job Title		Reason for Leaving	
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Employed From / /	Employer Name	Supervisor Name	
Employed Until / /	Employer Address	Supervisor Phone #	
Job Title		Reason for Leaving	
Duties and Responsibilities			

References Please provide professional or business references only				
Name	Company	Occupation/Title	Telephone	Relationship
—				

Availability Please mark each day with available times. <i>(you are not required to indicate the need for time off due to religious practices):</i>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time About how many hours per week? _____ Are there any dates or times you will not work? _____						

APPLICANT CERTIFICATION AND AUTHORIZATION

Combination Seven LLC is an equal-opportunity employer. Consideration for employment and employment practices are based only on job-related occupational qualification and are not based on race, color, religion, sex, age, national origin, physical or mental disability, citizenship status or other status protected by federal, state or local law.

I certify that the statements I have made in this application are true and hereby grant Combination Seven LLC permission to verify the accuracy and completeness of this information and to investigate all references and education records. I understand that any false or misleading statements made by me on this application will be sufficient cause for the rejection of my employment application, or my immediate dismissal if I am hired. If I am accepted for employment I agree to abide by the rules and regulations of Combination Seven LLC.

I understand that this application for employment is not a contract for employment and that if I am employed by the company, my employment is "at will". This means that either the company or I may terminate my employment with the company at any time, for any or no reason, without cause or notice. I also understand that nothing in this employment application shall constitute a guarantee of employment for a specific period. In addition, I understand that no representative of the company other than its President has the authority to enter into any agreement for employment for any specified time or to make any agreement contrary to this understanding. Further, I understand that any agreement modifying my at-will employment status must be in writing and signed by the company's President.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Print Name

Signature

Date

4/01/24