

THAI ORCHID SALEM

APPLICATION FOR EMPLOYMENT

Thai Orchid Salem is an Equal Opportunity Employer

SECTION I. PERSONAL INFORMATION

Last Name:		First Name:	Middle Initial:
Current Address: Street, City, State, Zip code			
Permanent Address <i>if different from above</i> : Street, City, State, Zip code			
Day Phone Number:	Evening Phone Number:	Email Address:	
Are you a U.S. citizen, permanent resident, or otherwise legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No if not, state date of birth ____/____/____	
Have you ever applied to Thai Orchid Salem or any of its affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when & where?	
Have you ever been employed by Thai Orchid Salem or any of its affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when & where?	
IN CASE OF AN EMERGENCY NOTIFY: Name:		Relationship:	Phone Number:
Address: Street, City, State, Zip code			

SECTION II. EMPLOYMENT DESIRED

Position Applying For:	Available Start Date:	Desired Pay: \$_____ per _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Days Only <input type="checkbox"/> Nights Only <input type="checkbox"/> Days / Nights	If the following days are HOLIDAYS, are you willing to work HOLIDAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that the Company has the sole and final discretion when scheduling employee work hours, and that my available hours indicated on this application will be used to determine my employability and/or my work schedule. I understand that if I am unable to meet my required/scheduled work hours for whatever reasons, then I may be subject to a reduction of schedule work hours and/or disciplinary action, up to and including, termination of employment.

Please fill in the days and hours you are available to work (e.g., "9am-5pm"). If available any hours please indicate as "OPEN".

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SECTION III. EDUCATION

School Name & Location		Last Year Completed	Graduated? Yes / No	Degree Earned?
High School or GED		1 2 3 4		
College or University		1 2 3 4		
Others (Specify)		1 2 3 4		
Special Training or Skills (E.g. foreign languages, typing, computer software, etc.)				

SECTION IV. REFERENCES

How were you referred to the company?	<input type="checkbox"/> Current Employee; If yes, list name: _____ <input type="checkbox"/> Craigslist <input type="checkbox"/> Other; If yes, list name _____	<input type="checkbox"/> Walk-in <input type="checkbox"/> Website
Do you have any family members currently employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names & where: _____		

_____ (INITIAL)

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(List only those people who have actual knowledge of your job performance. Do not include relatives)

Name	Telephone	Type of Business or Duties	Years Acquainted

SECTION III. EMPLOYMENT HISTORY

Are you presently employed? ☐ Yes ☐ No

List last three employers or attach resume. Resume: ☐ Yes ☐ No

Employer (Name and Location)		Phone Number:
<i>Dates of Employment:</i> Start Date: End Date:	<i>Base Rate of Pay:</i> Start: End:	<input type="checkbox"/> Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Temporary:
Job Title:		Description of Job Duties:
Reason for leaving:		

Employer (Name and Location)		Phone Number:
<i>Dates of Employment:</i> Start Date: End Date:	<i>Base Rate of Pay:</i> Start: End:	<input type="checkbox"/> Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Temporary:
Job Title:		Description of Job Duties:
Reason for leaving:		

Employer (Name and Location)		Phone Number:
<i>Dates of Employment:</i> Start Date: End Date:	<i>Base Rate of Pay:</i> Start: End:	<input type="checkbox"/> Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Temporary:
Job Title:		Description of Job Duties:
Reason for leaving:		

PRE-EMPLOYMENT CERTIFICATION

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding these statements, please ask about them before you sign.

I understand that this application is only valid for the position applied for at Thai Orchid Salem, collectively the "Company", and the Company is not obligated to retain or consider this application for current or future openings. I understand that federal law prohibits the employment of unauthorized aliens; **all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial, or termination, of employment.**

I authorize investigation of all statements contained in this application and any attachment provided by me. I understand that falsification, misrepresentation or omission of facts will result in removal of my application from consideration, or if employed, immediate termination. I authorize the Company to secure information about my experience with former employers, education institutions and agencies and for those parties to provide information concerning my experience. I hereby release the Company and all of its employees and agents from all claims and liabilities arising from such investigation or the supplying of information as part of such process. I further understand and agree that identifying this ground for termination in no way impliedly or expressly alters the at-will nature of my employment with that Company.

If employed by the Company, I will abide by the Company's policies and rules and standards of conduct. The Company's business needs may at times make the following conditions mandatory: overtime or a work schedule other than Monday through Friday. The Company retains sole discretion regarding the following types and terms and conditions of employment – promotion, demotion, transfers, work assignments, job duties/responsibilities, wage rates and benefits – or any other terms and conditions that the Company may determine to be necessary for the operation of its business. I understand and accept these as conditions of my employment.

If I am employed by the Company, I understand my employment is at-will and can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. Only the CEO of the company has the authority to make any agreement contrary to the foregoing, and then only in writing, signed by me and by the CEO, which expressly refers to the alteration of my at-will employment status. I further expressly agree that, with respect to the at-will employment relationship, this application and the Company's "At-Will" Employment Agreement constitutes the full, complete and final expression of the parties' of intent concerning the nature any employment relationship between me and the Company. My signature below certifies that I agree to be bound by the terms and conditions stated on this application. I understand that this application is not a contract of employment.

Application's Signature: _____ Date: _____

_____(INITIAL)