

APPLICATION FOR EMPLOYMENT

Position Desired:		
Date:	o Full time	o Part time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I AGREE THAT ANY DISPUTE BETWEEN ME AND FOREVER YOUNG RELATED TO MY APPLICATION FOR EMPLOYMENT OR MY EMPLOYMENT, IF SELECTED, WILL BE RESOLVED THROUGH MUTUALLY BINDING ARBITRATION IN ACCORDANCE WITH THE COMPANY'S ARBITRATION POLICY AND PROCEDURE. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE POLICY AND PROCEDURE PRIOR TO SIGNING THE STATEMENT.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date				S	ignature of	Applicant	
PERSO Name	NAL DATA					Social Security No.	
	Last	First	N	1iddle			
Present Address						How long have you lived there?	
Previous Address		City	State	Zip		Years How long did you live there?	Months
	Street and Number		City	State	Zip	Years	Months
Telepho	ne No					Are you 18 years of ag	e or older? [] Yes [] No
Have yo	ou ever worked for this If Yes, please give da		_] Yes [] No		
Do you l	have any friends or rela If Yes, Name:	atives workir	_	-	-	Relationship:	

NOTE: Answering "Yes" to the position you are seeking wi		titute an automatic	bar to employment. Only those crimes wh	nich are substantially related
RECORD OF PREVIOUS E	MPLOYMENT			
			onological order with present or last en y period of unemployment. If self-em	
resent or Last Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
address		\$		
City, State, Zip Code	To (mo/yr)	Final	Name and Title of Last Supervisor	
elephone				
revious Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
ddress		\$		
ity, State, Zip Code	To (mo/yr)	Final	Name and Title of Last Supervisor	
elephone				
revious Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
address		\$		
ity, State, Zip Code	To (mo/yr)	Final	Name and Title of Last Supervisor	
elephone				
revious Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
Address		\$		
ity, State, Zip Code	To (mo/yr)	Final	Name and Title of Last Supervisor	
elephone				
revious Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Reason for Leaving
ddress	Trom (mo/yr)	\$		
ity, State, Zip Code	To (mo/yr)	Final	Name and Title of Last Supervisor	
elephone				
ist all other employers you	have had in the last ter	n (10) years		

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Please explain fully any gaps in your employment history:	
PREVIOUS EXPERIENCE	
Please describe any experience you have which you feel would assist you in performing the job for w	which you are applying.

EDUCATION

School Name	Years Complete (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade / Correspondence				
Other				

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

N	Vame	Occupation	(Street, City and State)	Number	Years Known
DRIVING INFO	RMATION				
Do you have a c	urrent driver's licen	se? [] Yes [] No			
State:_		License No.:_		Expiration Da	ate:
Has your driver's	s license ever been	suspended or revoked?	[] Yes [] No		
If Yes,	please explain circu	ımstances:			
Do you have per	rsonal automobile ir	nsurance? [] Yes []	No Name of Insurance C	ompany:	
Has your person	al automobile insur	ance ever been cancele	d? [] Yes [] No		
If Yes,	please explain circu	ımstances:			
Have you ever b	een <u>cited</u> for driving	g under the influence (I	OUI) or driving while intoxicated (l	OWI)? []Yes [] No
If Yes,	please explain circu	umstances and outcome	::		
Please list all mo	oving traffic violation	ons in the last five (5) y	rears:		
Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

Address

Telephone

Number of

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

	<u></u>	
Signature of Applicant	Date	

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND SOES NOT DISCRIMINATE BACAUSE OF RACE COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, OR NATIONAL ORIGIN.



NOTIFICATION TO APPLICANT / EMPLOYEE THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that Forever Young and / or it's subsidiaries may obtain a consumer report or reports in connection with your application for employment and for other employment related reasons. "Consumer Reports" include, but are not limited to credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

ate	Signature of Applicant / Employee
	Name (please print)



AUTHORIZATION TO OBTAIN CONSUMER REPORT

By signing below, I certify that I have received a copy of the Forever Young and / or it's subsidiaries written notification that the Company may obtain a consumer report or reports on me, and I authorize this Company to obtain such report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization for procurement of employment-related reports at any time during my employment.

I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. I further understand that an "investigative consumer report" contains information on my character, general reputation, personal characteristics or mode of living which has been obtained through personal interviews with my neighbors, friends, associates, or from others with whom I am or have been acquainted or who may have knowledge concerning any such information.

Signature of Applicant / Employee

Name (please print)