

# Application For Employment: White Swan

Liberty Capital White Swan Operations LLC  
An Equal Opportunity Employer

Personal Information: (Print Clearly!)		Answer <u>All</u> Questions Truthfully			
Last Name:		First Name:		Middle Initial:	
Current Address:			City:	State:	
Home Phone:		Cell Phone:	Email:		
Social Security #:		Drivers Lic # and State:	Date Of Birth (For Purposes Of Criminal Background Check)		
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Keeping or Quitting?	Are Your Hours Flexible?	Date You Can Start:	Position Desired:	Wage Desired:

Education History:			
High School Attended (Name, City & State)	Years Attended	Did You Graduate?	Year Graduated
College Attended (Name, City & State)	Years Attended	Did You Graduate?	Year Graduated
Trade, Business or Specialized Training:	Years Attended	Did You Graduate?	Year Graduated

General Information: (Please Answer All Questions That Pertain To You)			
Have You Served In The US Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Rank	Have You Ever Been Convicted Of A Misdemeanor or Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain On Back
Are You Willing To Undergo Drug Testing For Purposes Of Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do You Have Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Available 24 Hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Worked In a Gas or Retail Store Before? <input type="checkbox"/> Yes <input type="checkbox"/> No List Below if Yes		Are You Available To Come In On Non-Scheduled Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Single, Married or Divorced

Former Employers: (List All Current & Previous Employers Within The Last 10 Years)( Use Back Of Sheet If Needed)				
Dates (Month and Year)	Name & Address Of Employer	Salary	Position	Reason For Leaving If Not Employed Now
From				
To				
From				
To				
From				
To				
From				
To				

References: (People Whom We May Call For Personal Information On Work Ethics & Character)		
Name	Address	Contact Number

Emergency Contact Information: (Someone Whom We Can Contact In Case Of Emergency)		
Name:	Address:	Phone:

Authorization: (You Must Sign Below In Order To Be Eligible For Employment)	
<p>"By signing below, I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand that this is not an agreement for employment and that only an authorized company representative can hire me. I understand there is a 90 (ninety) day (from date of hire) probation period that allows the employer to dismiss me without cause. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>	
Signature: _____	Date: _____