

Employment Application

Milo C. Cockerham, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Milo C. Cockerham, Inc. to recruit, hire, train, promote, transfer and compensate our associates and provide all other conditions of employment including company-sponsored events without regards to race, color, creed, religion, national origin, age, sex, gender identity, genetic information, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, employment status, or any other basis prohibited by applicable law.

Job Interest

Position Applying For		Location		Wage Desired		Date Available / /	
Referred by		Part Time <input type="checkbox"/>		Are you willing to work overtime?			
		Full Time <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Enter available start & end time for each day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Note: Although efforts to accommodate an individual's availability are made, business needs may require any or all of the following: extension of hours, rotating work schedule, Saturday and/or Sunday hours, and overtime. Hiring decisions may be made based upon your availability as described above.

Personal Information

Name: (Last, First, Middle)			Email Address				
Street Address			Driver's License #			State	
City		State			Zip		
Social Security No.		Home Phone ()		Cell Phone ()			
Are you at least 16 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Emergency Contact

Name		Relationship		Cell Phone ()	
Address				Day Phone ()	

Additional Information

How did you learn of this position?						Walk-In <input type="checkbox"/>		Sign <input type="checkbox"/>		Website <input type="checkbox"/>		Agency <input type="checkbox"/>		Employee Referral: <input type="checkbox"/>	
														Referring Employee Name & Location	
Have you applied to or been employed by Milo C. Cockerham, Inc. company before?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, indicate location(s) & date(s): _____															
Do you know anyone (including family) who is currently working for Milo C. Cockerham, Inc.?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, list name(s), relationship and location: _____															
Have you ever been dismissed by or asked to resign from any employer?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, explain: _____															
Have you ever been convicted of a felony?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, describe conditions: _____ <i>(Conviction will not necessarily disqualify an applicant for employment.)</i>															
If employment is offered, can you provide verification of your legal right to work in the US?												Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Education / Training

Institution	Name & Location	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other				

Employment History

Complete in full even if you have submitted a resume

#1 Current/Last Employer Name and Address			#2 Employer Name and Address		
Phone Number ()	Type of Business	May we contact the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number ()	Type of Business	May we contact the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Dates Employed (Mo & Yr) From: To:		Job Title	Dates Employed (Mo & Yr) From: To:	
Supervisor name	Reason for leaving	Final Rate	Supervisor name	Reason for leaving	Final Rate
#3 Employer Name and Address			#4 Employer Name and Address		
Phone Number ()	Type of Business	May we contact the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number ()	Type of Business	May we contact the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Dates Employed (Mo & Yr) From: To:		Job Title	Dates Employed (Mo & Yr) From: To:	
Supervisor name	Reason for leaving	Final Rate	Supervisor name	Reason for leaving	Final Rate

Professional References

List 3 persons familiar with your work ability (exclude personal friends and relatives)

Name	Address	Phone Number	How do you know this person?	How long?
		()		
		()		
		()		

Employment Terms (Please Read Before Signing)

- If hired, I agree to abide by the rules and regulations of the Company. I understand that my employment is at-will. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time. Similarly, the Company is free to terminate or change the terms and/or conditions of my employment at any time for any reason or no reason.
- I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I hereby consent to and authorize the Company to obtain any consumer reports it deems necessary for employment purposes, both during this hiring process and any time thereafter if I am hired, and to communicate with all or any of my previous employers and/or references for full information. I hereby release and indemnify the Company from any liability arising out of such inquiry.
- All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, any omissions or false or misleading statement on this application or during the interview process could result in immediate dismissal regardless of when such information is discovered.
- In connection with the commencement and/or continuation of your employment with the Company, it is understood that the Company may review or disclose to you certain information or you may be exposed to information of a third party, that the Company considered to be highly confidential ("Confidential Information"). Confidential Information includes, but is not limited to, proprietary business information such as sales figures, earning information, business methods, business strategy, plan-o-grams, control sheets, media storage devices, analytics, sales reports, pricing information, vendor information, customer information, and other related proprietary information. Confidential Information also includes the following non-public personal information of associates, social security numbers, financial account numbers, driver's license numbers and medical information (including family medical history). You agree that in consideration of employment, you will not directly or indirectly disclose Confidential Information of the Company or a third party to anyone (for any reason other than in the course of and relating to your activities on behalf of the Company) except to your Manager or Company authorized individuals.
- Subject to any limitations imposed by applicable law, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with, the Company must be filed within the shorter of the time prescribed by law or 6 months from the date of the event forming the basis of my lawsuit. While I understand that the statutes of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I waive any statute of limitation to the contrary.
- I voluntarily and knowingly, waive trial by jury in any litigation brought in Federal or State court relating to or arising out of my employment with the Company or any of its subsidiaries, including claims of wrong or retaliatory discipline or discharge, claims under the Title VII of the Civil Right Act, Title IX American with Disability Act, Age Discrimination in Employment Act, Employee Retirement Income Security Act, Fair Labor Standards Act, and any other applicable non-discrimination, employment or wage and hour statues to the extent permitted by law. I understand that I have the right to consult with anyone, including an attorney, before agreeing to this waiver.
- The Company maintains a drug and smoke-free workplace that at a minimum complies with all applicable federal, state, and local laws.
- If I have listed my email address on this application, I agree to the electronic delivery of any communications from the Company during the hiring process, and if hired, communications and/or documents related to my employment with Milo C. Cockerham, Inc.
- I acknowledge that if I have any questions or do not understand this document or any other information provided to me by the Company, I will ask for additional explanation.

My signature below certifies that I have read and agree with the above statements.

Applicant's Signature

Date