

## APPLICATION FOR EMPLOYMENT

gogogreens, LLC is an equal opportunity employer dedicated to providing opportunities to its Team Member's and Applicant's without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

<b>Last Name</b> _____	<b>First Name</b> _____	<b>Middle Name</b> _____
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zipcode</b> _____
<b>Tip: (Home)</b> _____	<b>(Cell)</b> _____	<b>Social Security No</b> _____

**How Did You Learn About Us?**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

**Have you ever filed an application with us before?**       Yes       No      **If yes, give date:** \_\_\_\_\_

**Are you currently employed?**       Yes       No      **If yes, give date:** \_\_\_\_\_

**If you are under 18 years of age, can you provide required proof of eligibility to work?**       Yes       No

**May we contact your present employer?**       Yes       No

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?**       Yes       No

**Are you available to work:**       Full Time       Part Time       Shifts

**What date would you be available for work?** \_\_\_\_\_

**Have you been convicted of a felony ?**       Yes       No  
(Conviction will not necessarily disqualify an applicant from employment)

**If yes, provide explanation:** \_\_\_\_\_

### EMPLOYMENT

Present Employer	Dates Employed	Work Performed
Address	From _____ To _____	
Job Title _____ Supervisor _____	Hourly Rate/Salary _____	
Telephone Number(s) _____	Starting _____ Final _____	
Reason for Leaving _____		
Employer _____	Dates Employed	
Address	From _____ To _____	
Job Title _____ Supervisor _____	Hourly Rate/Salary _____	
Telephone Number(s) _____	Starting _____ Final _____	
Reason for Leaving _____		
Employer _____	Dates Employed	

Present Employer		Dates Employed		Work Performed
		From	To	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Reason for Leaving				

If additional space is needed, please continue on a separate sheet of paper

EDUCATION				
	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate				
Other (Specify)				

<b>Describe any specific training, apprenticeship, skills and extra-curricular activities</b>

REFERENCES		
Name	Address	Telephone Number

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge believed true and correct and I have not knowingly withheld any pertinent facts or circumstances.

In signing this application for employment, I understand that any misrepresentation or omission of facts is cause for rejection of this application or separation from the company's service if I am employed. I agree that the company shall not be liable in any respect if my employment is terminated because of the false statements, answers or omissions made by me on this application.

I understand further that information concerning my past employment record will be sought from my previous employers and other sources if required and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information.

I consent to taking the pre-employment examination, which includes personal background check, drug and alcohol screening, and any future medical examinations as may be required by a company designated doctor. In addition, all Associates are subject to these same tests.

As a condition of employment, I also agree to sign the Company's Non-Compete and Secrecy Agreement as may be required by the Company. I also understand that as an Associate, I am required to abide by all guidelines and regulations of the Company.

If I am employed and in consideration of employment, I agree to read, understand and conform to the guidelines and regulations of gogogreens, LLC and my employment compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I understand that this means that my employment will be "AT-WILL". I understand that no Manager or representative of gogogreens, LLC, other than the Human Resource Manager level or higher, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date