

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

I authorize Otter Creek Awnings or its appointed representative to obtain motor vehicle records and acknowledge that my driving record may be used to determine my eligibility as an employee and/or to operate a Company vehicle.

Applicant Signature

Date

Driver's license
number _____

State of issue _____ Exp Date _____

Use the space below to summarize any information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Otter Creek Awnings creates an actual or implied contract of employment. I understand that, if I accept employment with Otter Creek Awnings, it will be on an at-will basis. This means that either Otter Creek Awnings or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Otter Creek Awnings. I release Otter Creek Awnings, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Otter Creek Awnings to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Otter Creek Awnings and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Otter Creek Awnings is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Otter Creek Awnings depends solely on your qualifications.