

APPLICATION FOR EMPLOYMENT

Return completed form to HR via email info@ivycommercial.com or fax 408.912.2688

COMPLETED BY EMPLOYEE/CONSULTANT

EMPLOYEE INFORMATION	First Name:		Middle Initial:	Last Name:		
	Street Address:					
	City:			State:	Zip Code:	
	Phone #:			Fax #:	Email:	
	Driver's License Number: State:			Social Security #:	Date of Birth:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced *Date: (Anniversary or divorce date)			Spouse's Name:	
	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
	In case of emergency, contact:					
	Emergency contact's phone #:			Relationship:		

COMPLETED BY HIRING MANAGER

EMPLOYMENT INFORMATION	Hire Date:		Manager:			
	Is this a rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, last date of employment:		Replacement/Backfill for:		
	Employment Category: <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Activity Based			Work Schedule/Shift times:		
	Job Title:		Pay Type: <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Activity Based			
	Pay Rate:	Location:	Department:		Site #:	
	Comments/Other: Full time, permanent employment is contingent upon positive performance review after an initial 90 day probation period.					
	Hiring Manager Signature:				Date:	

REFERENCE	Please provide three PROFESSIONAL references that we are able to contact			
	Name	Business	Phone / Email	Relationship

Indicate response by typing
X in the appropriate box

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. If you are under 18 years of age, can you provide required proof of your eligibility to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever filed an application with us before: If yes, provide date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed with us before: If yes, provide date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. May we contact your current employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. On what date would you be available to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a reliable means of transportation to and from work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Conviction will not necessarily disqualify an applicant from employment. If yes, please explain | | |

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences

EDUCATION	School Name & Location	Years Completed	Diploma/Degree
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

EMPLOYMENT EXPERIENCE :: Please list all jobs in the past five years. Start with most recent employer.				
Dates of Employment:		Position Held:	Wage:	Work Performed:
From:	To:	Supervisor:		
Employer Name and Address:		Reason for Leaving:		
Telephone Number:		May we contact employer?		

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From:	To:	Supervisor:		
Employer Name and Address:		Reason for Leaving:		
Telephone Number:		May we contact employer?		

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that my employment is "at-will", therefore employment and compensation can be terminated be either mine or the company's discretion. I understand that no company representative, other than its president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. If you decide to engage an investigative reporting agency on my personal history, such as, driving record and/or credit history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report."

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

AGREEMENT CONCERNING CONFIDENTIALITY

If hired, I agree that I will not at any time, whether during or after employment with my employer in any manner, unless specifically consented to in writing by my employer, either directly or indirectly use or divulge, disclose, or communicate to any person, firm, or corporation, any confidential information concerning any matters affecting or relating to the business of my employer, including but not limited to the names, addresses, or practices of any of its clients, and related data, its services, and costs, lists or other written records used in my employers business, compensation paid and other terms of employment, details of methods, or techniques of practice, contracts, business systems, computer programs, or any other confidential information about the business and manner of operation of my employer. I understand that client information cannot be disclosed under the attorney-client privilege. I agree that operational information is a confidential trade secret.

If any confidential information or other matter described in this paragraph is sought by legal process either during or after my employment, I will promptly notify my employer and will cooperate with it in preserving its confidentiality.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination.

Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER

This company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

Offers of employment may be conditioned upon the Company's receipt of a background check.

Applicant authorizes The Ivy Group to conduct a background check and waives the right to receive a copy of background check.

Signature _____ Date _____

Applicant authorizes The Ivy Group to conduct a background check and requests a copy of the background check within 7 days of receipt.

Signature _____ Date _____

Please provide copy of Applicant's Driver License