



P.O. Box 669
Las Vegas, NV 89125

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

PRINT IN BLACK/BLUE INK OR TYPE. Fill out applications form completely. If questions are not applicable, enter N/A. Do not leave questions blank. Be sure to sign and date when completed. The Shade Tree is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. If applying for more than one position, you, may make copies of your completed application and enter the different position titles, however each copy **must** have an original signature. Resumes will not be accepted in lieu of applications.

Date _____

PERSONAL INFORMATION

Last Name First Name Middle Name or Initial Social Security No.

Street Address (Apt. No.) City State Zip Code

Telephone Number with Area Code How were you referred to The Shade Tree?

Position Applying For Date Available Salary Desired

Please Days and enter hours available to work

- | | |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> No Preference _____ | <input type="checkbox"/> Friday _____ |
| <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Saturday _____ |
| <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Sunday _____ |
| <input type="checkbox"/> Wednesday _____ | |
| <input type="checkbox"/> Thursday _____ | |

How many hours can you work weekly? _____ Can you work Nights? _____

- Employment desired**
- FULL-TIME ONLY
 - PART-TIME ONLY
 - FULL-OR PART-TIME
 - On-Call

Are you presently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Have you applied to The Shade Tree before? _____ Yes _____ No

If yes, when? _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____.

EDUCATION

Name and Location of: _____ Year Graduated, or highest grade completed

High School _____

College _____
_____ Degree _____
_____ Degree _____

Other Training _____

Subjects of Special Training/Interest _____

EMPLOYMENT HISTORY

List your last ten years of employment beginning with your most recent or current employer.

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates of employment _____

Brief Description of Duties

Salary _____ Reason for Leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates of employment _____

Brief Description of Duties

Salary _____ Reason for Leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates of employment _____

Brief Description of Duties

Salary _____ Reason for Leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates of employment _____

Brief Description of Duties

Salary _____ Reason for Leaving _____

REFERENCES

Please list three persons, not related, you have known for at least one year.

Name _____ Relationship _____

Address _____ Phone _____

Business _____ Years Known _____

Name _____ Relationship _____

Address _____ Phone _____

Business _____ Years Known _____

Name _____ Relationship _____

Address _____ Phone _____

Business _____ Years Known _____

AUTHORIZATION

“I certify the facts contained in this application are true and complete to the best of my knowledge and I understand, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of the 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 and agree that no representative of the company 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, unless it is in writing and signed by an authorized representative.”

Date _____ Signature _____