

BE ORGANIZING, LLC

EMPLOYMENT APPLICATION

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____
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Cell Phone: _____ Home Telephone: _____
E Mail: _____
Present Address: _____ No. Street City State Zip

EMPLOYMENT DESIRED:

Position Applying For: _____
Wages Desired: \$ _____ / hour or Salary \$ _____ /monthly

PERSONAL INFORMATION:

Are you at least 18 years old?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, can you submit a work permit if hired?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

EDUCATION, TRAINING AND EXPERIENCE:

School	Name and Address	No. Of Years Completed	Did You Graduate?	Degree or Diploma

High School			Yes: <input type="checkbox"/>	
			No: <input type="checkbox"/>	
University/ College			Yes: <input type="checkbox"/>	
			No: <input type="checkbox"/>	
Vocational/ Trade/ Business			Yes: <input type="checkbox"/>	
			No: <input type="checkbox"/>	
			Dates	Type of Work
Apprenticeship				
Mechanical Experience				

EMPLOYMENT HISTORY:

Please list below all of your present and past work experience for the last 10 years, starting with your most recent employer. Please account for all periods of unemployment. If you need additional space, please attach a separate page. You must complete this section even if attaching a resume.

Name of Employer _____				
Address: _____				
No.	Street	City	State	Zip
Type of Business: _____				
Telephone No.: _____		Your Supervisor's Name: _____		
Your Position and Duties: _____				
Date of Employment: From: _____ To: _____				
Reason for Leaving: _____				
May we contact this employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

Name of Employer _____				
Address: _____				
No.	Street	City	State	Zip
Type of Business: _____				
Telephone No.: _____		Your Supervisor's Name: _____		
Your Position and Duties: _____				
Date of Employment: From: _____ To: _____				
Reason for Leaving: _____				
May we contact this employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND INITIAL/SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize Be Organizing, LLC (the "Company") to verify all information on this application. I also authorize my former employers and educational institutions to provide Be Organizing, LLC any information they may have regarding me, as limited by California law. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between me and the Company. I understand that if a conditional offer of employment is made to me, I will be subject to the terms of the conditional offer of employment, including but not necessarily limited to a background check. I understand that if the conditional offer of employment results in my employment at Be Organizing, LLC, and in consideration of my employment, I agree to conform to the rules and regulations of the Company. Unless I have a written term contract with the Company, I understand my employment with the Company shall be on an at-will basis, meaning that I or the Company may terminate my employment at any time, for any reason, with or without cause. I further understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline.

APPLICANT'S SIGNATURE: _____ DATED: _____