

Application for Employment

Statement of Values

Dear Applicant:

Welcome to Magnolias. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests. We also believe that work can and should be an educational, enjoyable and rewarding experience. We value the contribution of every employee and we respect their efforts and commitment.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

Magnolias - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Date	e		
How did you find out about this jo	b? Newspaper / Employee / Walk-	in A Relative A Other			
Why are you seeking a new job at	this time?				
Applicant Informa	tion				
First Name	Middle	Last			
Street Address	Social Securi	ty No.			
City/State/Zip		Phone ()			
If hired, do you have a reliable me	ans of transportation to get to work?	Describe			
Are you at least 16 years old?	If you are under 16 years of age, can yo	ou furnish a work permit	?		
	uires driving: Driver's License No		•		
	yment in the U.S.?(Proof of U.S.				
	Yes No If yes, state the nature of the does not constitute an automatic bar to employment.)	e offense and disposition of	the case. Include dates and places		
Are you a veteran?	If yes, give dates of service: Fron	ıTo _			
List any special skills or training:					
Employment Infor	mation				
Are you seeking full time, part time	e or temporary employment?				
What hours and shift(s) would you	prefer to work?				
List times you are not available to	work?				
Are you willing to work overtime?	Weekends? Holidays?				
Are you currently employed?	If hired, when would you be able to st	art?			
Have you ever worked for this org	anization before?If yes, name use	d:			
List any friends or relatives emplo	yed by this company:				
Have you ever been discharged or	asked to resign from any position?	If yes, please describe	»:		
tasks with or without reasonable a	tached job description for the position for who commodation? Please describe which accommodation you will need:	tasks, if any, you will n	need accommodation to		
Please describe					

	tary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11	12 G.E.D	College: 1 2 3 4 5 6 7 8
ime o	f School:	Name of School:		Name of School:
catio	n of School:	Location of School:		Location of School:
in high school, are you enrolled in a recognized co-op program? / Ye			Yes No	Degree & Major:
yes, identify program and school:				Minor:
No	rk History (please begin v	with most recent)		
	_			
1.				a Code ()
				Endina
				Ending & Title
	Describe duties briefly:		_	
2.				a Code ()
			_	Ending
				& Title
	Specific reason for leaving:			
3.				a Code ()
	Address		City/State/Zip	
	Dates of Employment: From	To	Salary: Beginning_	Ending
	Job Title		Supervisor's Name	& Title
	Describe duties briefly:			
	Specific reason for leaving:			
4.	Company		Phone No. with Area	a Code ()
			•	
				Ending
				& Title
	Describe duties briefly:			
	Cassifia assess for leaving.			

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	Date		
Name (please print)				
Name (please print)				