



GOZIP, LLC

Application for Employment

GoZip llc. (the "Company") is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Equal access to employment, services, programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied for			
If hired, can you submit documentation establishing your identity and authorization to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have a reliable form of transportation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you super stoked to work weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you over the age of 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School	City, State		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	City, State		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	City, State		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary/wage	\$	Ending Salary/wage	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary/wage	\$	Ending Salary/wage	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary/wage	\$	Ending Salary/wage	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

JOB SKILLS AND QUALIFICATIONS:

Summarize your skills and training that are relevant to the position in which you are applying.

CERTIFICATION

Please read carefully before signing below:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other material, or during any interviews, can be justification for refusal of employment, or if employed, termination from employment, regardless of how discovered.
2. I understand that my employment with Experiential Resources, Inc. is at-will and can be terminated at any time and for any reason with or without advance notice from myself or the Company. I further understand that this application is not a contract of employment and cannot create a contract of employment for any specified period.
3. I understand that Experiential Resources, Inc. may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information they may have regarding me. I release Experiential Resources, Inc. and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company.
4. I understand and agree that I may be required to submit to drug testing and a complete, post-offer, medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with Experiential Resources, Inc., provided that such examination is job-related and consistent with business necessity. I agree to fully cooperate and provide Experiential Resources, Inc. with any consent(s) and/or release(s) required to investigate my employment application.
5. I agree that Experiential Resources, Inc. may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
6. I understand and agree that if offered employment by Experiential Resources, Inc., I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of satisfactory military records as determined by the Company.
7. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Experiential Resources, Inc. if I am employed by the Company.

Signature

Date