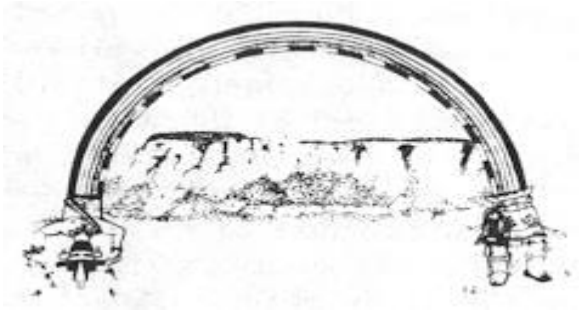

Zuni Entrepreneurial Enterprises
604 E. Coal Avenue
Gallup, New Mexico 87301
Telephone: (505) 863-7444
Fax: (505) 863-4590

_____ _____
Date Issued: Date Received:

JOB APPLICATION

Please print all information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____Street: _____

State: _____ Zip Code: _____

Telephone Numbers: _____ Social Security Number: _____

Position(s) applied for: _____

Shifts willing to work: (check all that apply)

☐ First Shift ☐ Second Shift ☐ Third Shift

Salary or Hourly Rate expected: _____ week hour (circle one)

Have you ever been employed by us before? ☐ Yes ☐ No

If yes, please indicate date: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you 18 years or older? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? ☐ Yes ☐ No
(Proof of citizenship or immigration status is required upon employment)

You are available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Date you can begin work: _____

****

I _____ understand that my employment is conditional upon successful completion of all required screenings such as Pre-Employment Drug and Alcohol test, Fingerprint Cards, Employee Abuse Registry, and Motor Vehicle Driving Record Check.

"Creating Independence through Involvement"

EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

List below all present and past employment beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From Month/Year	To Month/Year	Describe in detail work you did and your title	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title, and Phone Number of Your Supervisor

PERSONAL REFERENCES

Name: _____ Company: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Relationship: _____

Name: _____ Company: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Relationship: _____

Name: _____ Company: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Relationship: _____

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in the application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screening.

I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for wither employment or the prevision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Inc. retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with Inc. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Inc. in which I am a potential witness, and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Inc. or unless a representative or attorney of Inc. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.

This application is valid for sixty days from the application date unless reviewed in person or in writing.

Applicant's Signature: _____ Date: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding $100.