

Excalibur Group LLC.
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 Hopelawn, NJ 08861
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Excalibur is an equal opportunity employer and a Drug Free workplace.

Date: _____ Phone# Days: _____ Phone# Nights: _____
 Name: _____ Email Address: _____
 Mailing Address: _____ Social Security#: _____
 _____ Referred by: _____

APPLICATION SOURCE:
 e-mail phone
 mail walk-in
 fax

Positions you are applying for: (in order of preference)
 1. _____ 2. _____ 3. _____

Newspaper (name) _____
 Excalibur Employee _____
 Magazine (name) _____
 School/Poster _____
 Other _____

Can you perform the essential functions of the job(s) for which you have applied? Yes No (A job description is available to view upon request)
 Have you ever worked at Excalibur before? Yes No Dates of Employment: _____
 If yes, jobs previously worked: _____ Supervisor's Name: _____
 Are you related to anyone in the company? Yes No If yes, give name and position: _____
 Dates available for employment: From: _____ To: _____ Full-time Part-time Weekends/Holidays Only
 List times available: Weekends _____ Weekdays _____ Any shift? _____
 Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No
 Are you 18 years of age or older*? Yes No * All employees under 18 years of age must provide a valid work permit prior to their start date. (Please see office for assistance.)
 Have you ever been convicted of a felony or, within the last five years, of a misdemeanor? Yes No
 State the date of conviction* and the nature of the offense: _____ (*A conviction will not necessarily bar employment)
 If the position you are applying for requires a driver's license, please list: State: _____ License Number: _____

EDUCATION

High School Name: Location:	Circle year completed: 9 10 11 12
College or Specialized Training:	Years completed: _____ Degree: _____

EMT CPR
 Keyboarding WPM _____
 Foreign Language(s) _____
 Computers: _____

Please note any special qualifications you may have: _____

PREVIOUS EMPLOYMENT: Please complete all items, even if attaching a resume. Start with most recent.

	Company Name and Address	Dates Employed	Job Title	Last Rate of Pay	Supervisor's Name and Phone Number	Reason for Leaving
1.		From: To:				
2.		From: To:				
3.		From: To:				

May we contact your previous employers? Yes No If no, state reason and employer: _____
 Why do you wish to work for Excalibur? _____

Some positions require reference checks, background and/or credit checks, drug testing, physical and other pre-employment qualifications. I understand that as a condition of employment I may be requested to cooperate in testing for the presence of drugs and/or alcohol in my system. I agree to this condition and to cooperate at such reasonable time and manner designated by the employer and I further agree to sign all necessary authorization forms in connection with such testing. I further understand adhering to the company's Grooming Policy is a condition of employment and I agree, if hired, to this condition. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and release from any liability both Excalibur and those who supply reference information. In the event of employment, I understand that falsification or omission of information in my application, interview(s), personnel forms or any other Excalibur document may result in discharge. I understand that it is the policy of Excalibur to provide equal opportunity and make all employment decisions without regard to race, color, age, sex, marital status, ancestry, religion and national origin, citizenship, or disability. However, I understand and agree that my employment if hired is for no definite period and may, regardless of the date of payment of my wage and salary, be terminated at any time without previous notice. I further understand that neither this document or any statement or action by Sierra at Tahoe should be understood to create a contract of continuing employment. As a condition of employment, I agree to fully and completely comply with all policies concerning alcohol, drugs, safety, theft and loss control, and further consent to such searches, inspections, examinations and tests as may be required by policy.

Signature: _____ Date: _____