

APPLICATION FOR EMPLOYMENT

Griffco Partners, Inc

PO Box 65621

Salt Lake City, UT 84165-0621

Q510034VM

- Follow instructions carefully
- Provide detail – do not use “see resume”
- Print or type
- Check for errors & signature before submitting

Position applying for:	Salary Desired	Referral Source
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General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code
Have you ever been an employee of Griffco Partners, Inc.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate your dates of employment and position.				
Can you provide proof, if hired, that you are eligible to work in the United States?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you learn about this opening?				

Education and/or Training

Did you graduate from high school or receive a GED Certificate?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate?	Diploma or degree earned	
	Qtr.	Sem.	Major	Minor			
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Computer skills, related volunteer experience, and other education/training/skills:							

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Languages Known

Language	Speak	Read	Write

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Go on to page 3 if you have additional employment history.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing. If necessary for employment, I understand that I may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

Applicant's Signature

Date

Name:

Additional Employment History:

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

5.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

6.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Name:

Additional Employment History:

7.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

8.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Equal Employment Opportunity:

While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify Done.



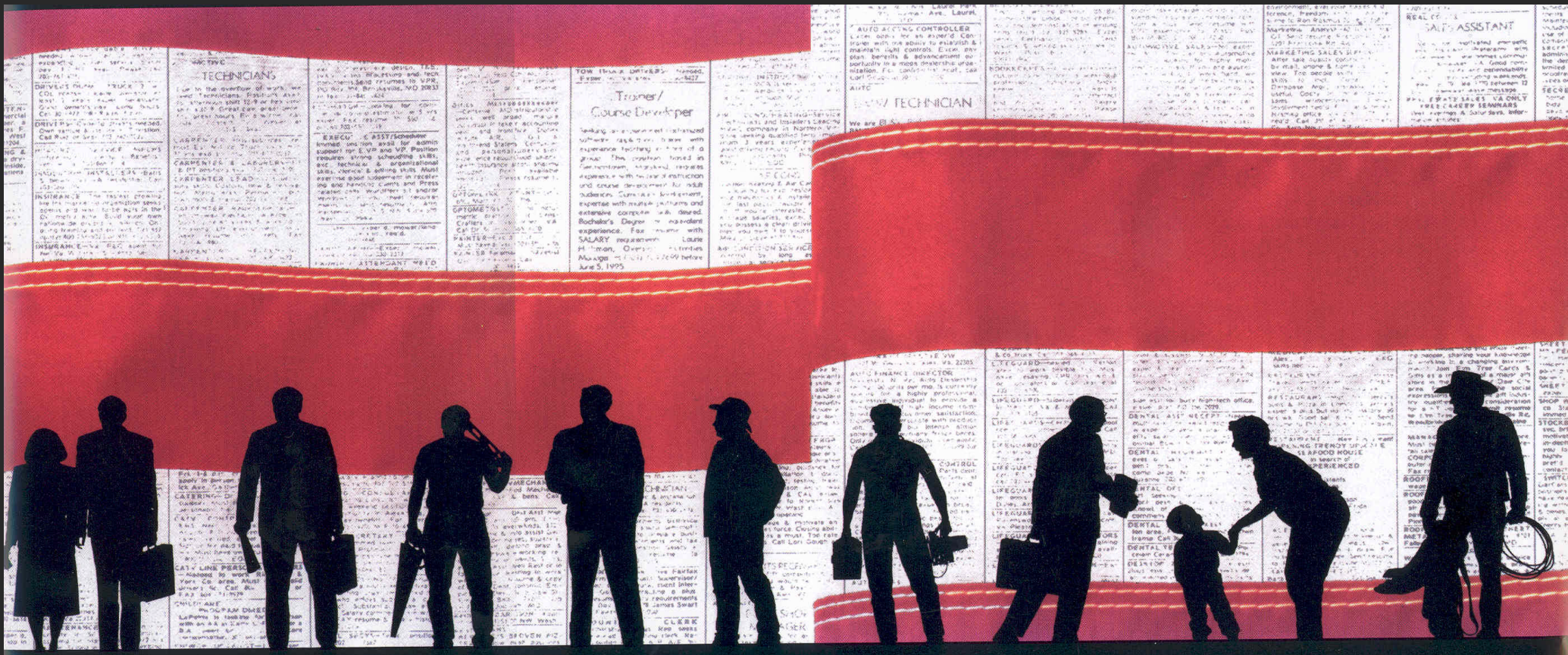
Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –
Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688.

La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al **202-616-5594**, o al **202-616-5525** (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

**Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles**

Oficina del Consejero Especial

