



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Type of employment desired:	Full Time	Part Time	Temporary		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you travel if job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work overtime, if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you applied to work here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when/ which position?		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when/ which position?		
Do you have a family member employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, at what location/position?		
Were you referred by a current employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referring employee's name:		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide date(s) & details:		

Education

High School: _____ City, State: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City, State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references we may contact.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills and Qualifications

Summarize customer service skills, computer skills and qualifications acquired from employment or other experience which may qualify you to work with our company: (attach additional sheets if necessary)

Disclaimer and Signature

I hereby certify that my answers are true and complete to the best of my knowledge and agree to have any of the information verified by OK Mattress Ventures, LLC unless I have indicated in writing to the contrary.

In consideration of my employment, I agree to conform to the rules and standards of OK Mattress Ventures, LLC, as amended by the company from time to time in its discretion. I further agree that my employment is not for any specified time period and my employment and compensation can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or at the option of OK Mattress Ventures, LLC. I also acknowledge that no written or oral promise of employment for a specified term is effective unless expressly set forth in a document signed by the Owner of OK Mattress Ventures, LLC.

If this application leads to employment, I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, may result in my dismissal.

Signature: _____ Date: _____

Background Check Authorization & Release

I understand that in conjunction with my application for employment, OK Mattress Ventures, LLC will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to OK Mattress Ventures, LLC.

The background investigation company may utilize various sources of information it deems appropriate including, but not limited to, credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including, but not limited to, the above to OK Mattress Ventures, LLC.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, OK Mattress Ventures, LLC will notify me, if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to OK Mattress Ventures, LLC.

For positive identification purposes, law enforcement agencies and other entities require the following information when checking public records. It is confidential and will be used for the sole purpose of facilitating the investigation of Applicant in conjunction with their application for employment. I hereby release OK Mattress Ventures, LLC and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.

PLEASE PRINT CLEARLY

Full name: _____
Last First Middle

Other names you have use or are also known as: _____

Phone: _____ Email: _____

Social Security No.: _____ Drivers License No.: _____ Issuing State: _____

Current Address: _____
Street Address Apartment/Unit # City, State Zip How long there?

Previous Address: _____
Street Address Apartment/Unit # City, State Zip How long there?

Previous Address: _____
Street Address Apartment/Unit # City, State Zip How long there?

Position applied for Sales Warehouse Driver Contract Driver Other

Applicant Signature: _____ Date: _____

Drug Testing Consent Form

It is OK Mattress Ventures, LLC (the "Company") desire to **provide** a working environment for its associates that is free from the problems associated with the use and abuse of illegal drugs, intoxicants, inhalants and controlled substances and the abuse of alcohol and prescription drugs. The Company expects all associates to perform their work in a professional manner, free from impairment due to alcohol or drugs.

Prohibited Conduct

We are committed to having a drug free workplace. The non-prescriptive use, sale, possession, distribution, manufacture or transfer of substances at the workplace or during working hours is strictly prohibited. Furthermore, the mere presence of a substance in an associate's system at the workplace or during working hours constitutes substance abuse and is strictly prohibited. Prescription drugs taken while working will be allowed only if the prescription drug does not affect the reaction time or reasoning skills of the associate, and is used in accordance with a licensed doctor's prescription. The Company reserves the right to require doctor documentation of the associate's fitness for duty while under the influence of any prescription drug. The prescription drug must be prescribed for the associate and be in its appropriate container.

In addition, reporting to work or attempting to work while under the influence of alcohol is prohibited. For purposes of this policy, "under the influence" shall be conclusively presumed to exist if during any working time, a blood test for alcohol results in a blood alcohol content level above the applicable legal limit.

Associates violating this policy shall be subject to discipline, up to and including, immediate termination.

I have read the foregoing and understand the Company's policy on unauthorized and illegal drugs. I acknowledge that the use of drugs is in violation of this policy, and that I will be considered ineligible for employment with OK Mattress Ventures, LLC, should I test positive for unauthorized and/or illegal drug use. I agree to submit to the required medical tests and the testing agency is authorized by me to provide the results of this test to the Company. I further agree to release and hold the Company, its agents, directors, officers, and employees harmless from any and all liability in connection with the testing for the levels of drugs and/or alcohol in my body.

Printed Name

Signature of Applicant

Date