

APPLICATION FOR EMPLOYMENT

Happiness Bag, Incorporated

Happiness Bag, Incorporated offers equal employment opportunities to all persons without regard to race, religion, age, sex, color, national origin, ancestry, disability, uniformed service, union affiliation or other legally protected status. No question on this application is intended to secure information to be used to discriminate on these bases.

Please carefully read all the questions provide your answers in the spaces provided. If you need more space, please attach additional sheets as necessary. If you do not understand a question, please ask for an explanation. Answer all questions fully, honestly and completely. Do not leave any questions blank. If the question does not apply to you, print "n/a" to indicate that the question is "not applicable." Failure to follow these instructions will be considered by Happiness Bag, Incorporated in making employment decisions. Any false, misleading or incomplete answers may result in immediate disqualification of consideration for employment or termination of subsequent employment.

The use of this form does not mean there are positions open and does not obligate Happiness Bag, Incorporated in any way. Your employment application will be considered active for 60 days. You must reapply if you wish to be considered for employment beyond this period of time.

PERSONAL DATA

Name: _____ Today's Date: _____
(Print) Last First Middle

Present _____ Previous _____
Address _____ Address _____

How long have _____ How long did _____
You lived there? _____ Years _____ Months you live there? _____ Years _____ Months

Telephone Number: _____ Social Security Number: _____

Indiana law (460 IAC 6-10-5) requires Happiness Bag, Incorporated to conduct limited criminal history checks on applicants in each county of residence going back three years. Please list all counties in which you have lived in the past three years: _____

Have you ever worked for this Company before? Yes No
If yes, please give dates and position: _____

Have you ever used another name? Yes No
If yes, please list all other names you have used: _____

Has any action been taken against you that excludes or has excluded you from participation in any federal or state government healthcare program, including but not limited to Medicare or Medicaid? Yes No

Have you ever been terminated or asked to resign from any job? Yes No
If yes, please explain circumstances: _____

NOTE: *Answering "Yes" to the following two questions does not constitute an automatic bar to employment. However, failure to fully disclose requested information may result in denial of application or termination of employment. (Do not include matters which have been sealed or expunged in answering the following two questions.)*

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor, felony or any other offense? Yes No
If yes, please give the date(s) and details: _____

Are any criminal charges now pending against you? Yes No
If yes, please explain: _____

EMPLOYMENT YOU ARE PURSUING

Position desired: _____ [] Full time [] Part time

If part time, specify days and hours: _____

Date you can start working: _____

Please indicate any actual experience, special training and qualifications that you have which you believe are Relevant to the position for which you are applying: _____

Are you capable of satisfactorily performing the essential job functions required of the position for which you are applying with or without a reasonable accommodation? [] Yes [] No

Are you available to work any day of the week? [] Yes [] No
If No, please explain: _____

Do you have any current plans to be off work for more than a week in the next 6 months? [] Yes [] No
If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? [] Yes [] No

If hired, can you furnish proof of valid driver's license & auto insurance? [] Yes [] No

EDUCATIONAL BACKGROUND

Educational Institution	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School Name: _____ City/State: _____	9 10 11 12			
College/University Name: _____ City/State: _____	1 2 3 4			
Graduate/Professional Name: _____ City/State: _____	1 2 3 4			
Trade or Correspondence Name: _____ City/State: _____				
Other				

EMPLOYMENT HISTORY

Starting with your present or most recent employer, please list **ALL** previous employers. Please include self-employment, military service, summer and part-time jobs of any duration. If you require more space, please attach additional sheets.

Present or Last Employer Name: _____ _____ Address: _____ _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: _____ To: _____ Salary/Wage Starting: _____ Ending: _____	Job Title: Name/Title of Supervisor:	Summarize Nature of Work Performed: Reason for Leaving:
Previous Employer Name: _____ _____ Address: _____ _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: _____ To: _____ Salary/Wage Starting: _____ Ending: _____	Job Title: Name/Title of Supervisor	Summarize Nature of Work Performed: Reason for Leaving:
Previous Employer Name: _____ _____ Address: _____ _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: _____ To: _____ Salary/Wage Starting: _____ Ending: _____	Job Title: Name/Title of Supervisor:	Summarize Nature of Work Performed: Reason for Leaving:
Previous Employer Name: _____ _____ Address: _____ _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: _____ To: _____ Salary/Wage Starting: _____ Ending: _____	Job Title: Name/Title of Supervisor:	Summarize Nature of Work Performed: Reason for Leaving:
Previous Employer Name: _____ _____ Address: _____ _____ Phone: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: _____ To: _____ Salary/Wage Starting: _____ Ending: _____	Job Title: Name/Title of Supervisor:	Summarize Nature of Work Performed: Reason for Leaving:

If applicable, please explain fully any gap in your employment history: _____

PERSONAL REFERENCES

Please list persons who can comment on your work habits, responsibility, character and conduct. Do not include previous employers or relatives.

Name	Occupation	Address	Telephone	Years Known
1.				
2.				
3.				

APPLICANT CERTIFICATION AUTHORIZATION AND RELEASE

- *I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application or during a subsequent interview is grounds for refusal to hire, or if hired, dismissal.*
- *I voluntarily authorize Happiness Bag, Incorporated to request, receive and use information concerning me from any present or former employer, educational institution, law enforcement or other government agency, judicial system, financial institution, or other person or entity having knowledge about me. I further voluntarily authorize any and all of the above persons or entities to release information they may have about me to Happiness Bag, Incorporated or its agents, and I release all parties from any and all liability for disclosing and/or reviewing such information.*
- *I understand that nothing contained in this application or in the granting of an interview creates a contract between Happiness Bag, Incorporated and me either for employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Happiness Bag, Incorporated unless made in writing by an authorized representative.*
- *I understand that, if I am hired, I will be an at-will employee, which means that either I or Happiness Bag, Incorporated may terminate the employment relationship at any time, with or without cause or notice.*
- *I understand that in addition to the initial pre-employment drug screen, I may be requested to submit to another drug screen for the following reasons while on the job:*
 - *Immediately after reporting an injury to you related to worker's compensation.*
 - *Immediately after being involved in a moving vehicle accident*
 - *Immediately after a consumer injury occurring under your supervision*
 - *Or at random throughout your employment, once completing your 90 day evaluation period.*

I HAVE CAREFULLY READ THIS ENTIRE APPLICATION FOR EMPLOYMENT AND FULLY UNDERSTAND ALL OF ITS CONTENTS AND INSTRUCTIONS.

Date

Signature