

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 and clearly print, in ink, your answers in the spaces provided. If you need more space, please attach additional sheets as necessary. Answer all questions 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". Any false, misleading or incomplete answers may result in immediate disqualification of consideration for employment or termination of subsequent employment.

Completion of this form 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 – Please write legibly

Name: _____ Today's Date: _____
Last First Middle

Phone #: _____ Email Address: _____

Present Address: _____
City, State, Zip

How long have you lived at your current residence: ____ Years ____ Months

Previous Address: _____
City, State, Zip

How long did you live at this residence: ____ Years ____ Months

Social Security #: _____

Preferred Pronouns: ____ He/Him/His ____ She/Her/Hers ____ They/Them/Theirs

Indiana law (460 IAC 6-10-5) requires Happiness Bag, Incorporated to conduct limited criminal history checks on applicants in each county (i.e. Vigo) 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
If yes, please explain: _____

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: _____				

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:

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 understand that I can and will be charged for any fees associated with my employment (Drug screen, TB testing, background checks and/or CPR/First Aid training) should I fail to meet the requirements of employment training, if hired.*

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

Date

Signature