



APPLICATION FOR EMPLOYMENT

Comalli Group Inc. ("Comalli" or "the Company") is an equal employment opportunity employer. Company policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. The Company also prohibits harassment of applicants or employees based on any of these protected categories. It is also the Company's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions. If you require any assistance or reasonable accommodation as a result of any disability to complete this employment application or throughout the hiring process, please contact [contact information or position].

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location Today's Date	Position Applying For (Please note title)	
Name (Last) (First) (Middle)	Minimum Salary Desired	Date Available for Work
Street Address	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City State Zip	Telephone (Home) () - () -	Telephone (Work) () - () -
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the other name(s):	Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked for or applied for a position with Comalli, in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when and, if employed, in what capacity:	Do you have any relatives or friends now employed at Comalli? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located.	

PERMISSION TO WORK

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

How did you learn about the position?

- Employment Agency (state name): _____
 School (state name): _____
 Company Website _____
 Other advertisement (identify): _____
 Referral (state name): _____
 Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

1	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

2	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

3	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	
	Job Title and Work Responsibilities	Reason for Leaving:

4	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Reason for Leaving:
	Job Title, and Work Responsibilities	

Please explain any gaps in your employment (the Company complies with all laws respecting discrimination based on unemployment status; periods of unemployment alone will not result in a decision not to hire you):

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Please list persons as references with whom you have had a business, education, or training association (do not list relatives).

Name	Occupation	Phone	How Known

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

JOB-RELATED SKILLS AND QUALIFICATIONS

Please describe other information about prior training, special skills, or experiences relevant to the position applied for:

ADDITIONAL EMPLOYMENT INQUIRIES

Electrician License Information: State: _____ Number: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.

Initial: _____ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize, to the full extent allowed by law, the Company to contact my references, prior employers and education providers for information concerning me and authorize the references, employers and education providers I have listed and to disclose to the Company information related to me, my employment history and qualifications for the position for which I am applying.

Initial: _____ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon satisfactorily completing the testing process to the extent legally permissible.

Initial: _____ If employed, I understand that I must conform to the rules and regulations of the Comalli Group Inc.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE