

APPLICATION FOR EMPLOYMENT
Bottle Rock Power, LLC

PO Box 326
 Cobb, CA 95426
 Phone: (707) 928-4578
 Fax: (707)928-4581

www.bottlerockpower.com

PERSONAL INFORMATION

(Please print all information)

Date:

Last Name	First Name	Middle Name
Mailing Address, City State, Zip Code		
Home Telephone		Mobile Telephone
Work Telephone		Email Address
Upon Employment, can you show verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony which has not been expunged or sealed by a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION APPLYING FOR

Position Desired:		Salary Desired:	\$
How were you referred?			
<input type="checkbox"/> Employee Referral (provide name)	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Employment Referral (provide name)	<input type="checkbox"/> Other (describe)		
Have you ever applied for employment with us before? If "Yes", give dates and department/location.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you acquainted with or related to any employee of our company? If "Yes", identify by name and relationship.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Available to Start:			

EDUCATION

School Name	City, State, Zip Code	Major Course of Study	Highest Grade Completed Diploma/Degree
HIGH SCHOOL			
COLLEGE			
BUSINESS, TECHNICAL, TRADE SCHOOL			

U.S. MILITARY SERVICE

Branch/Duty/Location	Military Specialty	Highest Rank	Special Honors/Special Training/ Service Schools Attended

WORK EXPERIENCE (begin with most recent position)

Employer:		Address:	
Phone Number:		Supervisor:	May We Contact:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start Rate of Pay:	Final Rate of Pay:
From:	To:	\$	\$
Work Performed:			
Reason For Leaving (be specific)			

Employer:		Address:	
Phone Number:		Supervisor:	May We Contact:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start Rate of Pay:	Final Rate of Pay:
From:	To:	\$	\$
Work Performed:			
Reason For Leaving (be specific)			

Employer:		Address:	
Phone Number:		Supervisor:	May We Contact:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start Rate of Pay:	Final Rate of Pay:
From:	To:	\$	\$
Work Performed:			
Reason For Leaving (be specific)			

Employer:		Address:	
Phone Number:		Supervisor:	May We Contact:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed		Start Rate of Pay:	Final Rate of Pay:
From:	To:	\$	\$
Work Performed:			
Reason For Leaving (be specific)			

State whether you have ever been terminated or suspended from any previous employment and describe the circumstances.

SPECIALIZED SKILLS (Skills/Equipment Operated)

What professional job related licenses do you hold (omit those which indicate race, religion, national origin, color, sex, age or disability)?

PERSONAL REFERENCES - Give names of three persons to whom you are not related and by whom you have not been employed.

Name	Telephone	Occupation	Years Known

CONDITIONS FOR EMPLOYMENT:

Please read the following statements carefully as they constitute conditions for employment.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
4. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the General Manager of the company may enter into any agreement with me contrary to the foregoing and that any such contrary to the foregoing and that any such contrary agreement must be in writing and signed by the General Manager.
5. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
6. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others.

<i>Signature</i>	<i>Date</i>

Thank you for taking the time to complete our Employment Application

Fax or mail to Human Resources
 PO Box 326
 Cobb, CA 95426
 (707)928-4581