

# NOAH'S ARK, LLC EMPLOYMENT APPLICATION

## Personal Data

---

First Name Middle Last

---

Street address City State Zip

---

Home Phone Number Cell Phone Number Date

Are you 18 years old or older? Yes / No

Have you ever been convicted of crime? Yes / No

If "Yes", please explain: \_\_\_\_\_

---

Are you insurable for transportation? Yes / No

## Position Preferences

Salary desired: \$ \_\_\_\_\_ per hour

Schedule desired: Full time \_\_\_ Part time \_\_\_ # of hours per week \_\_\_

Could you work overtime? Yes / No

What date could you start work? \_\_\_\_\_

## Education

	School name and address	Degree or # of years completed	Major or subject	Grade point Average
High school				
College				
Other				

List any licenses, certificates earned or in progress, and/or any additional training programs not included in your formal education:

---



---



---

**Previous Employment**

List your current or most recent employment first.

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)  
Reason for leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
May we contact your employer: Yes / No

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)  
Reason for leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
May we contact your employer: Yes / No

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)  
Reason for leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
May we contact your employer: Yes / No

**Professional References**

NAME	TITLE	COMPANY	PHONE

Your Pastor's Name: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

## Applicant Release

In connection with my application for employment and as a condition of continuing employment I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Noah's Ark, LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

**Please Print Clearly:**

Full Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Drivers License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other Drivers License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

**All hiring and employment at Noah's Ark, LLC is at will.**

I understand this application is not an employment contract, nor can it be used to create one. Employment by Noah's Ark, LLC has no specific term and may be terminated by the employee or Noah's Ark, LLC with or without notice. I acknowledge that Noah's Ark, LLC has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Noah's Ark, LLC and that failure to provide this evidence will result in the termination of my employment. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Noah's Ark, LLC. I agree to release and hold harmless Noah's Ark, LLC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Noah's Ark, LLC may be terminated.

---

Applicant Signature

---

Date

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental tatus, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.

(Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/compiainlfilingcust.html> or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.imate@usda.gov](mailto:program.imate@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.