



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Social Security # _____ Date: _____

Name: _____
(Last/First/Middle)

Address: _____
No. Street City State Zip

Home Telephone: (____) _____ Work or Message Phone: (____) _____ Email Address: _____

Other Names You Have Used While Employed (if any): _____

Are you 18 years of age or older? Yes ___ No ___ (Under Federal law, Allied Innovations, LLC may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986.)

If hired, can you provide written evidence that you are authorized to work in the United States? Yes ___ No ___

Do you have a valid Nevada Driver's License? Yes ___ No ___

Have you ever been convicted of a criminal offense by any court? This includes any offense where you were found guilty, pled guilty, or pled no contender. You may omit:

- a. Traffic violations for which the fine imposed was \$300.00 or less.
 - b. Conviction of misdemeanor while under the age of 18, if the record was sealed under penal Code 1203.45; or
 - c. Any conviction specified in the Health and Safety Code Section 11361.5, which pertains to various marijuana offenses.
- Yes ___ No ___

Allied Innovations, LLC requires all applicants to submit to a drug test prior to employment.

EDUCATION

Type	Name/Location	Course of Study	#Years Completed	Degree/Diploma
High School				
College				
Technical or Other				
Technical or Other				
Technical or Other				

Special studies/research work _____

PRIOR EMPLOYMENT

List your present or most recent Employer FIRST and include U.S. Armed Forces experience and major volunteer experience. Account for all time during the past ten years, including periods of unemployment. (You may exclude names or organizations which may reveal your race, color, religion, national origin or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate.

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	Duties Performed:
From:		Type of Business	
To:		Position Title	
Salary	No. Hrs. Per Week	Immediate Supervisor	
Start:		Reason for Leaving	
End:		May we contact your current employer?	

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	Duties Performed:
From:		Type of Business	
To:		Position Title	
Salary	No. Hrs. Per Week	Immediate Supervisor	
Start:		Reason for Leaving	
End:			

Dates (Mo./Yr.)	Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	Duties Performed:
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Salary	No. Hrs. Per Week	Immediate Supervisor	
Start:		Reason for Leaving	
End:			

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From:			Type of Business	
To:			Position Title	
Salary	No. Hrs. Per Week		Immediate Supervisor	
Start:			Reason for Leaving	
End:				

Additional Comments (if any): _____

REFERENCES (Do Not Include Relatives)

Name/Occupation/Years Known/Address/Phone Number

1. _____

2. _____

3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How Were You Referred To Our Company? _____

Do You have Any Relatives Who Are Employed By This Company? Yes _____ No _____

Please Specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record:

Yes _____ No _____ Please Specify: _____

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc. _____

ALLIED INNOVATIONS LLC is an equal opportunity employer. There is no discrimination of employment because of race, color, religion, sex, age or national origin, as stated in the civil rights act of 1964 and the age discrimination of employment act of 1967.

APPLICANT'S STATEMENT:

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

ALLIED INNOVATIONS LLC has designed this form to comply with state and federal law employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purpose. Such questions are appropriately noted on the application. Notwithstanding these efforts, we do not assume responsibility and hereby disclaim any liability for inclusion in this form of any questions upon which a violation of state and federal fair employment practice laws may be based.