

EQUAL OPPORTUNITY EMPLOYER

It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender, medical condition, genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.
 Please type or print clearly. Tab between fields.

PERSONAL INFORMATION

First Name	MI	Last Name	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Mailing Address			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Telephone	Home Telephone	Date Available for Work	Desired Compensation (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position for Which You Are Applying		Other Positions to Consider	
<input type="text"/>		<input type="text"/>	
Employment Type (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		If Part-Time: Hours/Days Available	
		<input type="text"/>	

GENERAL INFORMATION

Are you subject to any agreement with a current or former employer (e.g. non-compete, confidentiality, non-disclosure) that would restrict your ability to work at Attic Breeze? If yes, please explain: <input type="text"/>	Yes	No
Can you, after employment, submit verification of your legal right to work in the United States?	Yes	No
Can you perform the essential functions of the position, with or without reasonable accommodation?	Yes	No
Are you at least the minimum legal age required for this position?	Yes	No

EDUCATION & TRAINING

	School Name	City and State	Degree / Diploma	Major / Course of Study	Received?
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

List any machines, equipment, or software programs you are qualified and experienced in operating

Languages You Speak Fluently	Languages You Read/Write Fluently
<input type="text"/>	<input type="text"/>

If driving is an essential job duty, do you possess a valid driver's license? Yes No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job. Use additional sheets if necessary.

Position #1

Name of Employer		Type of Business			
Address		City	State	ZIP	
Title	Telephone Number		Name & Title of Supervisor		
Type of Employment Full-Time Part-Time	May We Contact? Yes No	From (mm/yyyy)	To (mm/yyyy)	Last Salary (\$)	
Brief Description of Duties			Reason for Leaving		

Position #2

Name of Employer		Type of Business			
Address		City	State	ZIP	
Title	Telephone Number		Name & Title of Supervisor		
Type of Employment Full-Time Part-Time	May We Contact? Yes No	From (mm/yyyy)	To (mm/yyyy)	Last Salary (\$)	
Brief Description of Duties			Reason for Leaving		

Position #3

Name of Employer		Type of Business			
Address		City	State	ZIP	
Title	Telephone Number		Name & Title of Supervisor		
Type of Employment Full-Time Part-Time	May We Contact? Yes No	From (mm/yyyy)	To (mm/yyyy)	Last Salary (\$)	
Brief Description of Duties			Reason for Leaving		

ADDITIONAL INFORMATION

Please include any other information that may be helpful in considering you for employment, such as additional work experience, articles or books published, activities, or honors received. *You may omit any information that would indicate race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status, marital status, registered domestic partner or civil union status, gender, medical condition, genetic information, sexual orientation, or any other protected status.*

BUSINESS REFERENCES

List three individuals (not relatives) who have known you for at least three years.

#	Name	Occupation / Association	Telephone
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACKNOWLEDGEMENT & SIGNATURE

Please read the following statements carefully. Sign and date below to acknowledge and agree.

Authorization to Verify Information.

I authorize all persons listed on this application (and on the accompanying resume, if any) to give Attic Breeze any and all information concerning my previous employment, education, and any pertinent information they may have, personal or otherwise, and release all parties — including such persons and Attic Breeze — from liability for any damage that may result from furnishing this information.

At-Will Employment.

If employed by Attic Breeze, I agree to abide by the policies and procedures of Attic Breeze. **Employment is at-will, meaning either the employee or the company may terminate employment at any time, with or without cause or notice, subject to applicable law.** I understand that no representative of the company, other than the CEO, has authority to change the terms of the at-will relationship, and any such change can occur only in a written employment contract.

Truthfulness of Information.

I hereby affirm that the information provided on this application (and any accompanying resume) is true and complete to the best of my knowledge. I agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I have read, understood, and agree to the statements above.

Applicant's Signature

Type your full name above, or use your PDF reader's "Fill & Sign" tool to draw a signature.

Print Full Name

Date Signed (mm/dd/yyyy)

SUBMIT YOUR APPLICATION

Email to careers@atticbreeze.com

Click the button to submit this completed form. The button opens your default email program with this PDF attached. **If the button does nothing** (common in web-browser PDF viewers and on mobile), save the completed form and email it manually to careers@atticbreeze.com.