

AVALON HOLDINGS CORPORATION & AFFILIATES APPLICATION FOR EMPLOYMENT

| (AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG-FREE WORKPLACE) | | | | | | | |
|---|---|-----------------------|---|-------------------|--|--|--|
| PERSONAL INFORMATI | ON (PLEASE PRINT LEG | IBLY) | D | ATE <u>/</u> | | | |
| | | | | | | | |
| NAME | FIRST | | 141551.5 | | | | |
| LAST | FIRST | | MIDDLE | | | | |
| | | | | | | | |
| CURRENT ADDRESS | STREET CITY | | STATE | ZIP | | | |
| | 52 | | 52 | _ | | | |
| PHONE NO. | EMAIL ADDRI | ECC | | | | | |
| FIIONE NO. | LIMAIL ADDIN | | | | | | |
| EMPLOYMENT DESIRE |) | | | | | | |
| | 247 | - VOII | | AL A DV | | | |
| POSITION | | DATE YOU CAN START | | SALARY DESIRED | | | |
| IF SO, MAY WE INQUIRE | | | | <u>-5/1125</u> | | | |
| ARE YOU EMPLOYED NOW | ARE YOU EMPLOYED NOW? OF YOUR PRESENT EMPLOYER? | | | | | | |
| HAVE YOU EVER APPLIED OR WORKED FOR AVALON BEFORE? | | WHERE? | WHEN? | | | | |
| HAVE TOO EVER ALT LIED C | WORKED FOR AVALON BEFORE: | VVIILILE: | VVII | LIV: | | | |
| REFERRED BY | | | | | | | |
| | | | | | | | |
| EDUCATION | | | | | | | |
| | | NO. OF YEARS | DID YOU | | | | |
| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | ATTENDED | GRADUATE? | SUBJECTS STUDIED | | | |
| HIGH SCHOOL | | | Yes □ No □ | | | | |
| nigh 3ChOOL | | | 163 🗆 110 🗀 | | | | |
| COLLEGE | | | Yes □ No □ | | | | |
| TRADE, BUSINESS OR | | | | | | | |
| CORRESPONDENCE | | | Yes □ No □ | | | | |
| SCHOOL | | | res 🗆 NO 🗀 | | | | |
| GENERAL | | | | | | | |
| | | | | | | | |
| SPECIAL SKILLS | | | | | | | |
| ACTIVITIES (CIVIC, AT | THLETIC, ETC.) | | | | | | |
| | | | | | | | |
| U.S MILITARY OR | | DDESENT MEM | IDEDCHID IN | | | | |
| NAVAL SERVICE | RANK | | NT MEMBERSHIP IN NAL GUARD OR RESERVES | | | | |
| | | | | | | | |
| REFERENCES GIVE THE NAME OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. | | | | | | | |
| NAME | ADDRESS & PHONE NUM | | | YEARS ACQUAINTED | | | |
| 1. | | | | | | | |
| 1. | | | | | | | |
| 2 | | | | | | | |

(CONTINUED ON PAGE 2)

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| PRINT YOUR FULL NA | | Date | | | |
|--|---|--|---|---|--|
| FORMER EMPLOYERS | S (LIST BELOW LAST TWO EMPLOYERS, START | ING WITH LAST | ONF FIRST) | | |
| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING | |
| FROM | | | | | |
| ТО | | | | | |
| FROM | | | | | |
| ТО | | | | | |
| Are you either a U.S. Cit | tizen or an alien authorized to work in the Un | ited States? | Yes □ No □ | | |
| If not, your employme | or older? Yes \(\subseteq \text{No } \subseteq \) Int is subject to verification of the minimum let only years, have you ever been convicted, pled | | | | |
| than a traine violation? | res 🗆 No 🗆 | | | | |
| If yes, please explain | | | | | |
| Please explain any gaps | in employment of more than six months | | | | |
| Were you ever discharg | ged by any Company? Yes□ No□ | If yes, give na | nme of Company(ies |) and reason | |
| | ration and Affiliates ("Avalon") is at-will emple, and it is subject to termination by you or A | - | | | |
| and the President of Av | t status of an employee may be modified onl alon. Except for such a written agreement, n ur at-will status through either a written docu | o officer or othe | er employee of Avalo | | |
| color, religion, sex, pi transgender status, ger physical or mental disa | ortunity Employer. All employment decisions regnancy (including childbirth, lactation, and gender expression), nationability, and gender expression), nationability, family medical history, genetic informany other characteristic protected by applicable | nd related me al origin, alienag tion (including t | dical conditions), s ge, ancestry, age, m esting and characte | exual orientation (including ilitary status, veteran status, ristics), marital status, family | |
| selection, job assignme | ment Opportunity policy governs all aspects on the section of the | | _ | _ | |
| contained in this applic | on Holdings Corporation and Affiliates is an cation are true and complete to the best of lication shall be grounds for dismissal. | • | | | |
| concerning my previous | ns of all statements contained herein and t s employment and any pertinent information t from furnishing same to you. | | | | |
| SIGNATURE | DATE | | | | |