

## APPLICATION FOR EMPLOYMENT

To applicant: The Wolf Organization appreciates your interest in our company. If you want to be a part of something truly great, if you feel that you want to belong, if you want to build a great career, you've come to the right place. We offer growth, challenge, opportunity and an inclusive environment. Always be a leader. The Wolf Organization is an Equal Opportunity Employer committed to equal treatment of all individuals with regard to employment, rates of pay and all other terms and conditions of employment. We will not discriminate against applicants on basis of race, religion, color, national origin, ancestry, sex, age, veteran status, disability or any other legally protected classification.

DATE OF APPLICATION	POSITION APPLIED FOR		LOCATIO	N OF POSITION			
PERSONAL	As it appears on your social security card	1					
LAST NAME	FI	IRST NAME				MIDDLE	
STREET ADDRESS			CITY			STATE	ZIPCODE
EMAIL ADDRESS			MAIN P	HONE		ALTERNAT	E PHONE
NERE YOU PREVIOUSLY EN	F EIGHTEEN? If NO, hire is subject to verification that you are of IPLOYED BY THE WOLF ORGANIZATION? If YES, while THIS POSITION?	en?YES	□ NO □ NO				
SCHOOL SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY		LAST YEAR IPLETED	DID YO		LIST DIPLOMA OR DEGREE
HIGH SCHOOL			9 10	11 12	YES	NO	
COLLEGE			1 2	3 4	YES	NO	
OTHER (GED, Certificate, etc.)			1 2	3 4	YES	NO	

LAS	T NAME	F	FIRST NAME	MIDDLE			
EM	IPLOYMENT LIST PRESENT A	AND PAST EMPLOYMEN	T, BEGINNING WITH MOST RECENT				
1.	NAME OF COMPANY	ADDRESS		PHONE			
	TITLE / JOB FUNCTION	DESCRIBE WORK YOU DIE		NAME OF SUPERVISOR			
	START DATE (month/year) END DATE (month/year)	REASON FOR LEAVING					
	MAY WE CONTACT THIS EMPLOYER?  YES NO IF NO, PLEASE EXPLAIN:						
2.	NAME OF COMPANY	ADDRESS		PHONE			
-	NAME OF COMPANY	ADDRESS		FILONE			
	TITLE / JOB FUNCTION	DESCRIBE WORK YOU DID		NAME OF SUPERVISOR			
	START DATE (month/year) END DATE (month/year)	REASON FOR LEAVING					
	MAY WE CONTACT THIS EMPLOYER?  YES NO IF NO, PLEASE EXPLAIN:						
3.	NAME OF COMPANY	ADDRESS		PHONE			
	TITLE / JOB FUNCTION	DESCRIBE WORK YOU DID	)	NAME OF SUPERVISOR			
	START DATE (month/year) END DATE (month/year)	REASON FOR LEAVING					
	MAY WE CONTACT THIS EMPLOYER?  YES NO IF NO, PLEASE EXPLAIN:						
RE	FERENCES						
1.	NAME & OCCUPATION	ADDRESS		PHONE			
2.	NAME & OCCUPATION	ADDRESS		PHONE			
3.	NAME & OCCUPATION	ADDRESS		PHONE			
AL	JTHORIZATION		I hereby give The Wolf Organization, LLC the right to make a thorough education and references; and I release from all liability all persons, c information. I release, indemnify and hold harmless the The Wolf Organization	companies, and corporations supplying such			
MAY	EASE READ AND SIGN HERE TO COMPLETE YOUR APPLICATIONS	CATION.	information. I release, indemnify and hold harmless the The Wolf Organization, LLC from and against all liability which might result from making such an investigation. I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of interview is intended to create an employment contract between The Wolf Organization, LLC and me for either employment or for the granting of benefits. No				
	IN IS THE BEST TIME TO CALL?		promises regarding employment have been made to me, and I undebinding upon The Wolf Organization, LLC unless made in writing and and agree that I have the right to terminate my employment at any tithe Wolf Organization, LLC retains a similar right.	signed by the CEO/President. I understand			