

EPLEY'S INCORPORATED

Employment Application

3530 Enfield Ave.

Elko, NV 89801

1-800-233-1813

Email: salmonriveradventures@epleys.com

Name (Last, First, Middle)		List All Positions you are Applying For	
Current Address		Street or P.O. Box No.	
City		State	Zip Code
Home Telephone		Daytime phone where you may be reached	
Do you have current and valid documentation which authorizes you to work in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment). <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be available to start work?			
Will you work		Last day you can work:	
Weekdays: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Weekends: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Do you have a valid vehicle operators license		Can you drive a standard (stick shift) vehicle?	
<input type="checkbox"/> Yes State issued in: <input type="checkbox"/> No <input type="checkbox"/> CDL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES	Name	City	State	Telephone (include area code)

EDUCATIONAL HISTORY	List educational institutions below. Use additional pages if required			
	High School	Name, address, city and state of school(s) attended	Check last grade attended	Graduated
			9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> G.E.D. <input type="checkbox"/> Diploma
	College		1 2 3 4 <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in school sports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when will they start?				
Explain any specialized training, additional schooling or education awards.				

EMPLOYMENT HISTORY	Employment history: List below your work history, beginning with your present or most recent job, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Attach additional sheets if necessary.							
	Employer's name and address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From Mo/Yr	To Mo/Yr		
	Duties (be specific)				Total Time	Hours/Week		
					Yrs/Mos			
					Salary			
					Starting	Ending		
	Reason for Leaving				Supervisor's name			
					Phone No.			
	Employer's name and address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your title/position	From Mo/Yr	To Mo/Yr		
	Duties (be specific)				Total Time	Hours/Week		
Yrs/Mos								
Salary								
Starting					Ending			
Reason for Leaving				Supervisor's name				
				Phone No.				

Please attach additional pages, if necessary

SIGNATURE	APPLICANT – READ AND SIGN BELOW	
	I affirm that all information in this application is true and complete.	
	Any misrepresentation, false statements, or omission of facts called for, shall constitute cause for dismissal or grounds for refusal of employment.	
	I agree to comply with rules, policies, standards, and/or procedures applicable to my position of employment.	
	_____ Signature of Applicant	_____ Date

Epley's Incorporated is an equal opportunity employer. It is our policy to hire and promote persons without regard to age, race, sex, religion, or national origin.