Apple Tree Connections, LLC (ATC) Employment Application

ATC is an equal opportunity employer.

This application must be completed with a blue or black pen by the applicant only. Please print legibly and answer all questions.

| Last Name | | First Name | Middle | Middle Name | | E-mail Address | |
|---------------------|------------------------------------|-------------|--------|-------------------------|--|-----------------|--|
| Street Address | | City, State | | Zip Code | | Phone Number | |
| Date of Application | te of Application Position Desired | | Da | Date Available to Start | | Expected Salary | |

| | Yes | No | | Yes | No |
|--|-----|----|--|-----|----|
| Are you at least 18 years old? | | | Have you ever applied with ATC in the past? | | |
| Are you legally able to work in the U.S.? | | | Are you currently employed? | | |
| Are you able to perform the job you are | | | If so, can we contact your present employer? | | |
| applying for with or without accommodations? | | | | | |

Education

| School | Name and Location | Gradi Yes | uated No | Area of Study | Degree Awarded | Overall GPA |
|-----------------|-------------------|--------------|-------------|---------------|-------------------|-------------|
| High School | | | | | | |
| Trade/Technical | | | | | | |
| College | | | | | | |

Current and Prior Employment

| Dates of Employment (From – To) | Pay Rate or Salary | Employer Name and Address | Type of Business | Position Held | Primary Duties | Reason for Leaving |
|---------------------------------------|-----------------------|---------------------------|---------------------|---------------|-------------------|-----------------------|
| | | | | | | |
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Employment or Educational References

The following are individuals ATC may contact:

| Name | Position and Company | Location | Phone Number |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Other Information | | | |
| Are you currently on The Regis | stry? Yes No If so, Le | evel | |
| How did you hear about this va | acancy? | | |
| If yes, please identify the crime | of or pled guilty to a crime? Yes e(s) for which you were convicted ted: | d or pled guilty, the date of convi | ction, and the state and |
| · | probation, or subject to any parol | | |
| Are there additional skills relate | ed to this position, which you wo | uld like to share? | |
| | | | |
| Please Read Carefully | | | |
| employed; falsified statements contained herein and the empl understand and agree that, if h | ed in this application are true and on this application may be ground oyers listed above to give you are nired, my employment is for no de inated at any time without prior n | nds for dismissal. I authorize inv ny and all information concerning efinite period and may, regardles | estigation of all statements g my previous employment. I |
| | | | |

Date

Note: This application will be retained in an active file for a period of three months.

Signature