

EVIDENCE OF EVIL, LLC

2020 VOLUNTEER APPLICATION



PERSONAL INFORMATION

Full Name: _____
Last *First* *Middle Initial*

Address: _____
Street Address *Apt./Unit #*

City *State* *Zip Code*

Date of Birth: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Are you under 18 years of age? _____

Are you a citizen of the United States? _____ If no, are you authorized to work in the U.S.? _____

Have you ever worked for this company? _____ If yes, when? _____

Have you ever been convicted of anything other than a minor traffic violation? _____

If yes, please explain: _____

Are you allergic to LATEX? _____

Do you have any allergies or other health issues? If so, please list them here:

REFERENCES

Full Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

Full Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

Full Name: _____ Phone Number: _____

Relationship: _____ Years Known: _____

PREVIOUS EMPLOYMENT

Company: _____ Position Held: _____

Address: _____ Supervisor: _____

May we contact your supervisor for a reference? _____

Company: _____ Position Held: _____

Address: _____ Supervisor: _____

May we contact your supervisor for a reference? _____

Company: _____ Position Held: _____

Address: _____ Supervisor: _____

May we contact your supervisor for a reference? _____

Image Release and Disclaimer

I certify that the above answers are complete and true to the best of my knowledge. Any omission will be considered a falsehood. I understand that false statements on this application are sufficient cause for dismissal should I be employed by Evidence of Evil, LLC. In the event of employment, Evidence of Evil, LLC and its authorized agents are entitled to copyright, sell, or use in any manner, any picture, recording of my voice, electronic photography, and all forms of media pursuant to my employment. I understand that this application is not a promise or contract of employment. If employed, my signature below indicates that I agree to comply with all safety rules, grooming codes, and all rules and regulations set forth by Evidence of Evil, LLC. I understand that if I am employed, I have the right to resign from the position at Evidence of Evil, LLC at any time, at my discretion, and Evidence of Evil, LLC has the right to terminate my employment with or without cause at any time. If employed by Evidence of Evil, LLC I agree to submit to search of my purse, person, bag, or any space occupied or assigned to me. I have authorized my former employers and other individuals to give information concerning me or my employment and I release them from any liability therefore. I understand that this application is for a volunteer position and that no pay is involved.

If this application leads to my employment, I understand that misleading or false information in my application or interview may result in my dismissal.

Signature: _____ Date: _____