

Paulo and Bill LLC Job Application Form

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|--|-----------|------------------------------------|--------------|-------------------------|-------|-----|
| NAME | | DATE | | | | |
| ADDRESS | | INTERVIEWED BY | | | | |
| PHONE # | | SECOND INTERVIEW | | | | |
| SOC SEC # | | PART TIME FULL TIME | | DAY WORK NIGHT WORK | | |
| ARE YOU 21 OR OLDER? | | POSITION DESIRED | | | | |
| IF NOT, GIVE BIRTHDATE | | WHAT ARE YOU NOT AVAILABLE TO WORK | | MON | WED | FRI |
| | | HOLIDAYS | SUN | TUES | THURS | SAT |
| DATE YOU CAN START | | PAY DESIRED | | | | |
| PREVIOUS WORK HISTORY | | | | | | |
| DATE | FIRM NAME | | | SUPERVISOR PHONE NUMBER | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| IN CASE OF EMERGENCY WHOM MAY WE CONTACT | | | | | | |
| NAME | | | RELATIONSHIP | | | |
| ADDRESS | | | PHONE | | | |

AN EQUAL OPPORTUNITY EMPLOYER

ACCURACY OF INFORMATION

I certify that any and all information, which I have provided, on this application is true and correct. In the event any information which I have provided is or proves at a later date to be false or incomplete, I understand that Paulo and Bill LLC may discontinue consideration of my application or, if hired, may immediately terminate my employment. I authorize Paulo and Bill, LLC and its employees or agents to verify any and all information, which I have provided on this application unless I specifically state to the contrary.

EMPLOYMENT ELIGIBILITY

I understand that if I am offered employment or employed by Paulo and Bill LLC, I must provide proof of eligibility to work in the United States in conformity with applicable law, and failure to provide satisfactory proof of eligibility to work in the United States will result in immediate withdrawal of any offer of employment or, if already hired, immediate termination.

ARBITRATION AGREEMENT

I agree to have any and all disputes, claims, questions or controversies arising out of my application for employment and, if hired, my employment with and separation of employment from Paulo and Bill LLC, decided exclusively through final and binding arbitration presided over by a single arbitrator pursuant to the Federal Arbitration Act, including without limitation any and all employment discrimination claims under federal, state, or local law, and excluding any workers' compensation or employment security (unemployment) claim. Venue of any arbitration will be within a 25-mile radius of Paulo and Bill LLC, where I applied for employment or where employed. In any arbitration, Paulo and Bill LLC, shall bear the cost of the arbitration and each party to bear its own cost and expense. I waive any and all rights to file any action in dispute, claim, question, or controversy arising out of my application for employment and, if hired, my employment with and separation of employment from Paulo and Bill LLC. Notwithstanding the foregoing, any arbitration award may be filed for enforcement in a court of competent jurisdiction.

I further understand that if employed, I will be employed at will and either I or Paulo and Bill LLC may terminate the employment relation at any time with or without cause or with or without notice.

Signature of Applicant: _____ Date: _____