Starving Artist Studio A Pottery Painting Place								
Please print all information requested except for signature Employment Application								
Name <sup>.</sup>	Date							
Name: First	Last		Mid	ldle				
Address		City		State	Z	Zip		
Telephone ()		Do you have a current Driver's License If under 18, list age						
Salary desired			_	No preferen Monday Tuesday	5	Fhursday Friday Saturday		
Employment desired:	[] FULL-TIME ONLY	[]F	Wednesday Sunday					
TYPE OF SCHOOL High School	NAME OF SCHOOL	LOCA	LOCATION		NUMBER OF YEARS COMPLETED		MAJOR DEGREE	
College								
Business or Trade School Professional School								
What skills/experience do you bring to us?								
WORK EXPERIENCE	Please list your work exp	perience beg	inning with y	our most re	cent job held.			
Name of employer			Name of las	st supervisor	Employment dates Pay or salar		Pay or salary	
Address					From:		Start:	
City, State, Zip				То:	Fo: Final:			
Phone number								
Your last job title:								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:								
Name of employer			Name of las	t supervisor	Employmen	nt dates	Pay or salary	
Address					From:		Start:	
City, State, Zip					То:		Final:	
Phone number			Your last job title:					
Reason for leaving (be specific:								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:      All applicants may be tested for illegal drugs								
•		. 1	1	-				

May we contact your present employer? [ ] Yes [ ] No

List 2 References other than relatives or previous employers:

_1	2.
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone:	Phone:

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Starving Artist Studio LLC, I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of employee handbooks, manuals, benefit plans, policy statements, or any other form of written procedure shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Starving Artist Studio LLC, or otherwise to change in any respect the employment-at-will relationship. Both the applicant and starving Artist Studio LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Starving Artist Studio LLC permission to contact schools, previous employers (unless otherwise indicated), and references, hereby releasing Starving Artist Studio LLC from any liability.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of application \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business