

# **Important Information To Know Before Filling Out An Application for Employment With EAST WEST PARTNERS MAGAGEMENT COMPANY**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate, "see resume".
2. If you are offered a position with (Organization Name) be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. East West Partners Management Company contracts with ADP Screening and Selection Services to perform background screening for all applicants for positions involving working with minors, serving alcoholic beverages, and/or supervising those serving alcoholic beverages and reserves the right to have such screening performed for applicants for any other positions. If you have any questions about completing the application, it is important to please ask the representative who has been assisting you.
4. All applicants who are otherwise approved for positions with the Company involving serving alcoholic beverages and/or supervising those serving alcoholic beverages must satisfactorily complete a server training course designated by the Company. While the Company absorbs the course tuition, it does not compensate applicants for the time required to complete the course, which is approximately two hours.

Thank you for your cooperation.

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**EAST WEST PARTNERS MANAGEMENT COMPANY**  
**Application for Employment**

Thank you for considering East West Partners Management Company, in your job search. The Company is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service.. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**CONFIDENTIAL**

Please complete by printing in dark ink, complete all questions, and sign your initials and name on the last page where indicated.

\_\_\_\_\_  
Date

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				CERTIFICATE OR LICENSE

<b>SPECIAL SKILLS</b>
Software Applications:
Other Skills:

**EMPLOYMENT RECORD**

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
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Employer	Address
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	From: To:
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

## GENERAL INFORMATION

May we contact your present employer?	__ yes __ no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	__ yes __ no
Have you been employed or attended school using any other name? If yes, please indicate names previously used:	__ yes __ no
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?  If yes, please explain:  (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	__ yes __ no
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, or job description, with or without reasonable accommodation?  If no, please explain:	__ yes __ no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?  If yes, please explain and attach a copy of each such agreement to this form:	__ yes __ no

**ADDITIONAL INFORMATION:**

Please use the back of this form to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

[illegible]

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_  
initial I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

\_\_\_\_\_  
initial I authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, its officers, directors, shareholders, employee and agents, as well as, my former employers and all other persons, or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
initial If hired, I recognize the rules and policies of the Company. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of the Company or myself. I understand that Gary W. Fenchuk, the President, of the Company is the only person who has the authority to create any other terms of employment and/or to enter into any employment contract on behalf of the Company and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

\_\_\_\_\_  
initial I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to the Company, for its use in evaluating my suitability for employment. Further, I release the examining facility and the company, its officers, directors, shareholders, employees and agents, from any and all liability, and from any damage that may result from the release of such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Candidate Release Authorization

- I. In connection with my application for employment or continued employment at East West Partners Management Company I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by East West Partners Management Company or its agent, to furnish the information described in Section I.
- V. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to East West Partners Management Company. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

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Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

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Home Address	City	State	Zip Code
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Social Security Number	Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)
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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: ☐ Male ☐ Female    Race: ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Other

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Driver's License Number	State Issuing License	Name as it appears on license
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**I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.**

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_