

AFZ C10 6502

Employer _____ Location _____ Phone _____

Supervisor's Name _____ Employment Date From _____ To _____

Starting Wage _____ Ending Wage _____

Responsibilities

Reason for leaving

May we contact this employer Yes No If no, why not?

Authorization For Employment Consideration
(Please initial each paragraph as read and understood)

1. In consideration of any employment by Hollandia, I understand that Hollandia has the right to discharge me or lay me off at any time, with or without cause and with or without notice. It is agreed and understood that this is the entire agreement between Hollandia and myself on the subject of discharge, termination, and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the owner of Hollandia and addressed to me. Init _____
2. I further recognize that if employed by Hollandia, I agree that is partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under paragraph 7 below. I agree to file demands within six months after the claim arises or within the applicable statutory limitation periods provided by law, whichever occurs first. Init _____
3. I hereby release all third parties who provide information to Hollandia with or without notice to my, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release Hollandia from all liability for forwarding to any other entity to which I may apply for employment, any information concerning histories and/or my qualifications for me as Hollandia has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any actions taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of Hollandia any and all third parties any and all notices I would otherwise be entitled to receive by law in connection with any reference check. Init _____
4. I will hold in strictest confidence and will not disclose to any unauthorized persons, without Hollandia's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting the designs, methods, systems, improvements, trade secrets, production techniques, processes, sales promotions and ideas, customer lists or other confidential matters of Hollandia. Init _____

5. I understand that if I have a disability I must timely tell you in writing of my need for accommodation after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements imposed by law. Init _____
6. I certify that all information submitted by me in this application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment. Init _____
7. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force. Init _____