ADINVITA 619 N. GRANT, STE. 200 ODESSA, TX 79761

Position Desired	
Date of Application	

GENERAL APPLICATION FOR EMPLOYMENT

(Please Print)	_				
Name					
(Last)			(First)	(Middle)	
Address					
(Str	eet, City, St	tate & Zi	ip Code)		
Telephone ()	Social Security Number				
Cell Phone ()			E-mail		
Driver's License Number and State			State		
For what position do you wish to apply?					
Are you applying for full-time or part-time?					
Date available to begin work?					
Are you over 18 years of age?	Yes	No			
Have you ever applied for a position with us?	Yes	No	If "ves." when?		
Have you ever been employed by us?	Yes	No	If "yes," when?		
Are you currently employed?	Yes	No	If "yes," by whom?		
May we contact your present employer?	Yes	N	If "no," please explain.		
(In responding to these inquir	ries, contin	ue on a	separate sheet if you require	additional space.)	
Have you ever been known by another name?	If "ye	es," iden	tify name(s) and relevant date	s. (We need this information to	
perform a complete check of work and education re	ecords)				
1	,				
Have you ever been dismissed or forced to resign	from any	mnlovn	20nt? If% ?l	1-i-	
Trave you ever been dismissed or forced to resign	nom any C	Zinpioyn	nent? If "yes," please	explain.	
	4-4114	66			
Have you ever been convicted of a felony or plea	ded guilty (or "no co	ontest" to a felony and/or recei	ived deferred adjudication?	
If "yes," please explain.					
A		C		and in the interior	
Are you able, with or without reasonable accomm	nodation, t	o pertor	m all the essential functions li	sted in the job description for w	
you are applying?					

EDUCATIONAL AND PROFESSIONAL TRAINING	
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School	Print Name of School, City and State		No. of Yrs./ Credits Completed	Degree or Diploma	Major Course Of Study	
High School						
College / University						
Graduate School						
Special						
EMPLOYMENT HISTO	RY					
In the following spaces employment, and work	s, give a complete record of your employment, is back in time. If additional space is needed, atta	ncluding pach a suppl	periods of unemployme lementary sheet.	nt, if any. Begin w	th your most recent	
Address Duties Duties Duties City/State City/Sta		Starting Position Dates Employed Last Position Other Positions Held Immediate Supervisor Reason for Leaving				
2.Employer		Starting Position Dates Employed Last Position Other Positions Held Immediate Supervisor Reason for Leaving				
3.Employer		Startir	ng Position			
City/StateStarting Salary Duties		Last Position Other Positions Held Immediate Supervisor Reason for Leaving				
	ist name, phone number, and how this person	on knows	s you):			

SPECIAL SKILLS OR QUALIFICATIONS

Describe any other special job-related skills or qualifications (e.g military experience and training, computers, professional associations, licenses, etc.) that would be valuable to the position for which you are applying.

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment, and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by ADINVITA and not for any other purpose.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, including a criminal background check, and agree to cooperate in such investigation, and release from liability or responsibility all persons or businesses requesting or supplying such information.

I represent and warrant to ADINVITA that I am free to become employed by ADINVITA and that I have no obligations to any former employer or otherwise that would prevent me from being hired by ADINVITA.

I certify that I am eligible for employment in the United States and that the documents I have furnished, or will furnish, to verify my identity and eligibility are true and correct.

Signature of Applicant	

ADINVITA, in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status. Applicants may request accommodation needed to participate in the application process. This employer is an equal opportunity employer.

ADINVITA shall admit students of any race, color, national origin, and ethnic origin to all right, privileges, programs, and activities generally accorded or made available to students at the school. It shall not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.