

## RETURNING EMPLOYEE APPLICATION FOR EMPLOYMENT

(Complete this application only if you have worked at Mt. Ashland in the last 2 years)

Name: (First)	(Middle)	(Last)	Email (print legibly)
Mailing Address: (Street)			
(City)	(State)		(Zip)
Primary Telephone ( )	2 <sup>nd</sup> Telephone		Work Telephone ( )
What department did you work for?			
What was your job title?			
What date would you be available to start work?			
Position Desired: (first, second and third preference)			
1.	2.		3.
Please check your work availability  PART TIME   FULL TIME   SUN   MON   *TUE   *WED   THURS   FRI   SAT (*Tue/Wed during Holiday only)			
Why do you want to work for Mt. Ashland again? What skills and talents can you bring to your position?			
Mt. Ashland is an Equal Opportunity Employer and fully complies with applicable federal, state and local laws rules and regulations in the area of non-discrimination in employment.			
EMPLOYMENT. I AUTHORIZE INVESTI- INFORMATION BY FORMER EMPLOYER HIRED OR IF HIRED, CAUSE FOR DISMIS IF HIRED, I WILL CONFORM TO THE RU TESTING AS OUTLINED IN THE EMPLOY OR WITHOUT NOTICE AT ANY TIME BY E ANY AUTHORITY TO ENTER INTO ANY A BENEFITS, OR TERMS AND CONDITION	QUIRE BACKGROUND CHECKS, DRIV GATION OF ALL STATEMENTS CO IS. I UNDERSTAND THAT MISREPRE ISAL. LES AND REGULATIONS OF MT. ASH IEE HANDBOOK. MY EMPLOYMENT A EITHER THE COMPANY OR MYSELF. GREEMENT FOR EMPLOYMENT FOR NS OF EMPLOYMENT, EXCEPT AS I THAT THIS APPLICATION WILL BE	ONTAINED IN THIS APPLICA ESENTATION OR OMISSION OF HLAND, INCLUDING MT. ASHLAND COMPENSATION CAN BE I UNDERSTAND THAT NO MAI ANY SPECIFIED PERIOD OF TO SPECIFICALLY STATED IN A E ACTIVE FOR ONLY 90 DA	OR PUBLIC RECORDS CHECKS AS A CONDITION OF TION INCLUDING THE RELEASE OF REQUESTED OF FACTS CALLED FOR IS CAUSE FOR NOT BEING AND'S DRUG-FREE WORKPLACE POLICY AND DRUG TERMINATED WITH OR WITHOUT CAUSE AND WITH NAGER OR REPRESENTATIVE OF MT. ASHLAND HAS FIME, OR TO ASSURE ME OF ANY FUTURE POSITION, CURRENT WRITTEN AGREEMENT SIGNED BY THE YS FROM THE DATE BELOW, AFTER WHICH THE
APPLICANT'S SIGNATURE:			DATE:
	Mailing Address, Mt Ashland I	OO Poy 220 Ashland OP 07520 (	200