

HANDCRAFTED  
**CUSTOM X COMFORT**  
**MATTRESS**

## CUSTOM COMFORT MATTRESS

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any friends or relatives working here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please complete Name: Relationship
Have you ever used another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please complete Name: Reason:

Do you have adequate transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you capable of performing the essential job duties of the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you bound by provisions of a Non-Compete, Proprietary, or Confidentiality Agreement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how long?		
May we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, please explain:		

Is there anything you wish to avoid in a new job?

Please indicate any experience, special training and/or qualifications that you may have which you feel are relevant to the position for which you are applying:

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**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary).

Company		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Please explain any gaps in your employment history:

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<b>MILITARY SERVICE</b>				
Branch				
Rank at Discharge				
<b>EDUCATION</b>				
High School		Address		
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Graduate or Professional		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
<b>REFERENCES</b>				
<i>Please list three professional references.</i>				
Full Name		Relationship		
Company		Phone (    )		
Address				
Full Name		Relationship		
Company		Phone (    )		
Address				
Full Name		Relationship		
Company		Phone (    )		
Address				
APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED REMAINS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.				
<b>DISCLAIMER AND SIGNATURE</b>				
I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment. Continuation of employment is contingent upon a clear criminal background check. In consideration of my employment, I agree to confirm to the rules and standards of Custom Comfort Mattress and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.				
This employment at will relationship exists regardless of any other written statements or policies contained in any Company documents or any verbal statement to the contrary.				
Signature				Date

## **APPLICANT'S STATEMENT AND AGREEMENT**

In the event of my employment with Custom Comfort Mattress, I will comply with all rules and regulations of Custom Comfort Mattress ("Employer"). I understand that Employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Employer at any time and for any reason whatsoever, with or without good cause at the option of either Employer or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the Chief Executive Officer of Employer, or another individual who has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between Employer and the undersigned regarding the rights of Employer and the undersigned to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the undersigned and Employer.

I hereby acknowledge that I have read the above statements and understand the same. If you have any questions regarding these statements, please ask an Employer representative before signing. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.**

X   
Signature of Applicant Date