



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

General Information (This area must be completed):

Today's Date: _____ When are you available to report to work? _____

Position Desired: 1. _____ 2. _____ Salary Desired: \$ _____

Personal Information

				Driver's License Number (State and No.)	
Full Name (Last, First, Middle)			Maiden/Other Names		Social Security Number
Street Address		City	State	Zip	
					Area Code/Telephone

Please indicate source of referral to Yang Enterprises, Inc. ("YEI"):			Name of agency, publication, company, or other source		
<input type="checkbox"/> Personal Initiative	<input type="checkbox"/> National Publication	<input type="checkbox"/> Another Company			
<input type="checkbox"/> Yang Enterprises, Inc.	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> State Employment Agency			
<input type="checkbox"/> College Campus Recruiter	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Other			

Which work schedule do you desire?		<input type="checkbox"/> Regular	<input type="checkbox"/> Part-time	Do you have relatives employed at YEI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names and how related below	
Are you on lay-off and subject to recall?		<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer		
Will you work overtime if required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Which shifts will you work?		<input type="checkbox"/> First	<input type="checkbox"/> Second <input type="checkbox"/> Third		
Will you travel if the job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will you relocate if the job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you over age 18?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you able to perform the essential functions of the position(s) applied for with or without a reasonable accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been employed with YEI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the dates of employment and under what name.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, provide the following information: Type of VISA held Alien Registration No. Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of eligibility will be required if you are offered employment.
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References

List 3 persons familiar with your technical ability and work performance whom we may contact for reference (exclude relatives). We will assume we have your permission to contact these individuals unless you indicate to the contrary.

Name (Last, First, Middle)	Company	Address (City, State, Zip)	Area Code/Telephone No.
			()
			()
			()

Employment History*

This section must be completed in full. USING "SEE RESUME" IS NOT ACCEPTABLE . Please list your employment history for the last 10 years. Note any periods for which you were not employed.

Employer (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:		From (Mo/Yr)		To (Mo/Yr)	
		Base Pay	Starting		Final
		\$	Per	\$	Per
		Reason for Leaving			
May we contact you at your present place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter Area Code/Telephone No.	May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter Area Code/Telephone No.

Employer (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:		From (Mo/Yr)		To (Mo/Yr)	
		Base Pay	Starting		Final
		\$	Per	\$	Per
		Reason for Leaving			

Employer (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:		From (Mo/Yr)		To (Mo/Yr)	
		Base Pay	Starting		Final
		\$	Per	\$	Per
		Reason for Leaving			

Employer (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:		From (Mo/Yr)		To (Mo/Yr)	
		Base Pay	Starting		Final
		\$	Per	\$	Per
		Reason for Leaving			

Employer (Present or Most Recent)		Street Address, City, State, Zip			
Your Job Title		Supervisor Name and Title			
Description of your duties:		From (Mo/Yr)		To (Mo/Yr)	
		Base Pay	Starting		Final
		\$	Per	\$	Per
		Reason for Leaving			

*If you require additional space, please use attachment.

Security Information

1. Have you ever been ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION or QUESTIONING or CHARGED by ANY LAW ENFORCEMENT or PROSECUTING AUTHORITY, TO INCLUDE THE MILITARY? ALL incidents MUST BE INCLUDED, even though charges were dismissed or you merely forfeited collateral, even IF ADJUDICATION WAS WITHHELD. If YES, list below. You may omit anything that happened before your 16th birthday. Do not include TRAFFIC violations for which a fine of less than \$100.00 was imposed.

Yes No

DATE CHARGE	PLACE (City & State)	ACTION TAKEN

2. Have you ever been a defendant in a civil action for an intentional tort (i.e., assault, batter, false imprisonment, etc.)?
Yes No

If you answered yes, please provide details regarding the nature of the tort, the date of the disposition, the penalty or penalties imposed, and the final disposition of the legal proceeding.

If you have answered yes, to either of the last two questions, the answer(s) will not automatically prevent you from obtaining employment with YEI. Your response will be considered by YEI together with other hiring factors.

3. Have you ever pled Nolo Contendere, entered into a plea bargain agreement or been party to a pre-trial intervention program for any charge?
 Yes No

If yes, please explain:

4. Have you ever been a user of alcoholic beverages which has resulted in:

- A. The loss of a job Yes No
 B. Arrest by police Yes No
 C. Treatment for alcoholism Yes No

If yes, please explain:

5. Have you ever ILLEGALLY USED or EXPERIMENTED with DRUGS, to include MARIJUANA?
 Yes No

If yes, please explain:

6. Have you ever been emotionally/mentally ill, received psychotherapy, or been a patient in a hospital, institution, clinic or medical facility for the treatment of mental/emotional illness, to include depression.

Yes No

If yes, please explain:

7. Have you ever petitioned to be declared bankrupt or otherwise been the subject of bankruptcy proceedings or had a lien for non-payment of debts filed against your property?

Yes No

If yes, please explain:

8. Have ANY actions in bankruptcy court or ANY civil judgments ever been entered against you?

Yes No

If yes, please explain:

9. Have you ever been terminated from a job for any reason other than a voluntary resignation or a reduction in force (lay off)?

Yes No

If yes, please give date, employer, reason:

10. To your knowledge, have you ever been investigated for, or granted a security clearance or access authorization by any department or agency of the Federal Government?

Yes No

If yes, list granting agency, type of clearance and date granted:

11. Have you ever had a security clearance or access authorization denied, suspended, revoked?

A. Denied Yes No

B. Suspended Yes No

C. Revoked Yes No

If yes, please give date, agency and reason:

U.S. Military Service

Did you serve in the Armed Forces? Yes No Branch of Service _____

Date of Service: From _____ To _____

Rank at Discharge _____

Present Active Duty Commitment _____

Have you ever been released from the Armed Forces with other than an honorable discharge or under less than honorable conditions?

Yes No

If yes, please explain: _____

Are you eligible for re-enlistment? Yes No

Have you ever been released from the Armed Forces prior to completion of the date of contract or commitment? Yes No

If yes, please explain: _____

Application Agreement

Please read the following statements carefully. They constitute the conditions for employment with Yang Enterprises, Inc.

- I authorize Yang Enterprises, Inc. to inquire of my schools, former associates, employers or customers.
- I understand that employment depends on a need for my services, satisfactory replies from my references, and favorable report from any required medical examination.
- In consideration of my employment, I agree to conform to the rules and regulations of Yang Enterprises, Inc.
- I understand that no manager or representative of Yang Enterprises, Inc. has authority to enter into any agreement for employment for any specified period of time, and my employment with Yang Enterprises, Inc. is at will and may be terminated by myself or Yang Enterprises, Inc. at any time. I also understand that company booklets describing benefits and the employee handbook are not intended to be contracts of employment and may be altered, amended, discontinued, or modified as Yang Enterprises, Inc. sees fit and appropriate.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedules, travel, or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of my continuing employment.
- If a United States Government security clearance is required after employment, I will make application for same. I understand that my application is contingent upon obtaining all necessary and applicable security clearance.
- I will provide to a company representative the required documentation to establish my employment eligibility in accordance with the immigration reform and control act.
- It is the policy of Yang Enterprises, Inc. to maintain a program for achieving a drug & alcohol free workplace in order to maintain a workplace free of illegal use and abuse of drugs & alcohol. Yang Enterprises, Inc. will implement any method or procedure that is appropriate or required by a government agency or to fulfill a written contract between Yang Enterprises, Inc. and a customer. I agree to submit to such procedure(s) or method(s).
- I hereby certify that the information given in this application form is complete and accurate. I also understand that any misrepresentation, falsification, omission or other such conduct will result in my ineligibility for employment and immediate termination, even if I have been subsequently employed.

Signature of Applicant

Date

We will review your qualifications and will make every effort to reach a decision as quickly as possible.

Office Location: 1420 Alafaya Trail, Suite 200
Oviedo, Florida 32765

Telephone: (407) 365-7374
Fax: (407) 365-2650

Web Site: www.yangenterprises.com

Email: jobs@yangenterprises.com



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Application Supplemental Data Sheet – Self Identification

Name (Last) (First) (Middle)

Yang Enterprises, Inc., is an equal opportunity, affirmative action employer. We must demonstrate that we meet equal opportunity requirements by reporting statistical information to the Federal Government about workforce composition. The confidential information requested below is necessary for reporting requirements. **This information will be kept separate from your personnel file and will not be used in any way to make employment decisions.** To assist in appropriate identification, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging to.

Please check appropriate boxes:

- Female** **Male**
- White - (Not of Hispanic Origin)** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black - (Not of Hispanic Origin)** All persons having origins in any of the Black racial groups of Africa.
- Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaska Native** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Special Disabled Veteran** (i) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability: (A) Rated at 30 percent or more; or (B) Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or (ii) A person who was discharged or released from active duty because of a service-connected disability.
- Veteran of the Vietnam era** (1) Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) Between August 5, 1964, and May 7, 1975, in all other cases; or (2) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed: (i) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) Between August 5, 1964, and May 7, 1975, in all other cases.
- Recently Separated Veteran** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Date of Separation / Retirement _____
- Other Protected Veteran** Any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Signature below confirms that the data shown is correct.

Signature

Date