

# EMPLOYMENT APPLICATION

## (TERMS AND CONDITIONS)

### PERSONAL INFORMATION

|                                                                                     |                                |               |                                                                                       |                                                                     |
|-------------------------------------------------------------------------------------|--------------------------------|---------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| FIRST NAME                                                                          | MIDDLE NAME                    | LAST NAME     | SOCIAL SECURITY NO.                                                                   |                                                                     |
| ADDRESS                                                                             |                                | CITY          | STATE<br><b>AZ</b>                                                                    | ZIP CODE                                                            |
| PHONE NUMBER                                                                        | ALTERNATE NUMBER (Cell, other) | EMAIL ADDRESS |                                                                                       | SMOKER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DO YOU HAVE A WEB SITE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | WEB ADDRESS (URL)              |               | WOULD YOU EXCHANGE LINKS?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                     |

### ASTROLOGICAL INFORMATION\*

|                |       |                                                                                     |  |
|----------------|-------|-------------------------------------------------------------------------------------|--|
| *DATE OF BIRTH |       | *TIME OF BIRTH (If known)<br><small>If unknown, please indicate morn or eve</small> |  |
| PLACE OF BIRTH | STATE | COUNTRY                                                                             |  |

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. The above Date & Time information is strictly voluntary and is in no way a condition of employment. If you are between the ages mentioned above, do not fill in this section.

### POSITION DESIRED

|                                                                                                  |               |                                                                              |                                                                                        |
|--------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| POSITION DESIRED                                                                                 |               | DATE YOU CAN START<br><small>If unknown, please indicate morn or eve</small> | SALARY DESIRED                                                                         |
| ARE YOU EMPLOYED NOW?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                | IF SO, WHERE? |                                                                              | MAY WE CALL YOUR EMPLOYER?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| EVER APPLIED TO VISION QUEST BEFORE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | IF SO, WHERE? |                                                                              | WHEN?                                                                                  |

### EDUCATION

| GRADE LEVEL                              | NAME & LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE?                                           | MAJORS / MINORS OR SUBJECTS STUDIED |
|------------------------------------------|---------------------------|-----------------------|-------------------------------------------------------------|-------------------------------------|
| GRAMMAR SCHOOL                           |                           |                       | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |                                     |
| HIGH SCHOOL                              |                           |                       | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |                                     |
| COLLEGE/UNIVERSITY                       |                           |                       | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |                                     |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                           |                       | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |                                     |

### SPECIALIZED KNOWLEDGE OR SKILLS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|-----------------|------------------------|------------------|-------------|----------------|-------------|--------------|------------|------------------|-------------|------------------|-------|-----------------|-------|---------------------------|-------|
| Have you ever done retail sales work before? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Are you interested in teaching at Vision Quest? YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you interested in doing readings or renting space at Vision Quest? YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you interested in doing massage or healing work at Vision Quest? YES <input type="checkbox"/> NO <input type="checkbox"/> |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| <p><b>Please list any alternative knowledge, skill, experience or study which you feel adds to your qualifications for this job. (If you need more room, you can use a separate piece of paper and attach it to this application).</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">AMERICAN INDIAN _____</td> <td style="width: 50%;">PHILOSOPHY &amp; RELIGION _____</td> </tr> <tr> <td>ASTROLOGY _____</td> <td>SELF-IMPROVEMENT _____</td> </tr> <tr> <td>CHANNELING _____</td> <td>TAROT _____</td> </tr> <tr> <td>CRYSTALS _____</td> <td>WICCA _____</td> </tr> <tr> <td>DREAMS _____</td> <td>YOGA _____</td> </tr> <tr> <td>MEDITATION _____</td> <td>OTHER _____</td> </tr> <tr> <td>NUMEROLOGY _____</td> <td>_____</td> </tr> <tr> <td>PALMISTRY _____</td> <td>_____</td> </tr> <tr> <td>PSYCHIC DEVELOPMENT _____</td> <td>_____</td> </tr> </table> |                                                                                                          |                                                                                                                                 |                                                                                                                               | AMERICAN INDIAN _____ | PHILOSOPHY & RELIGION _____ | ASTROLOGY _____ | SELF-IMPROVEMENT _____ | CHANNELING _____ | TAROT _____ | CRYSTALS _____ | WICCA _____ | DREAMS _____ | YOGA _____ | MEDITATION _____ | OTHER _____ | NUMEROLOGY _____ | _____ | PALMISTRY _____ | _____ | PSYCHIC DEVELOPMENT _____ | _____ |
| AMERICAN INDIAN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHILOSOPHY & RELIGION _____                                                                              |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| ASTROLOGY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SELF-IMPROVEMENT _____                                                                                   |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| CHANNELING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TAROT _____                                                                                              |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| CRYSTALS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WICCA _____                                                                                              |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| DREAMS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YOGA _____                                                                                               |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| MEDITATION _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTHER _____                                                                                              |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| NUMEROLOGY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                    |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| PALMISTRY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____                                                                                                    |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |
| PSYCHIC DEVELOPMENT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                    |                                                                                                                                 |                                                                                                                               |                       |                             |                 |                        |                  |             |                |             |              |            |                  |             |                  |       |                 |       |                           |       |

**JOB HISTORY** (Please list your last four jobs, starting with the MOST RECENT first. **You MUST fill this section out completely.**)

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |
| FROM                   |                              |        |          |                    |
| TO                     |                              |        |          |                    |

**REFERENCES** Give the names of three persons **not related to you**, whom you have known at least TWO YEARS.

| NAME | LOCATION/PHONE | BUSINESS | YEARS<br>ACQUAINTED |
|------|----------------|----------|---------------------|
| 1.   |                |          |                     |
| 2.   |                |          |                     |
| 3.   |                |          |                     |

**TRANSPORTATION**

Do you own and drive a working vehicle? YES  NO

Do you have ANY special circumstances that limit you from traveling to and from your job on certain days? YES  NO

If YES, please explain: \_\_\_\_\_

**PHYSICAL RECORD**

Do you have ANY physical limitations that preclude you from performing any work for which you are being considered? YES  NO

If YES, what can be done to accommodate your limitation? \_\_\_\_\_

Please describe: \_\_\_\_\_

In case of emergency notify: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

"By signing this document, I certify and warrant that the facts contained herein are true and complete to the best of my knowledge and I understand and agree that, if accepted as an employee, falsified statements on this application shall be grounds for your dismissal.

I also authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I also understand and agree that, if hired, my employment is for an indefinite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice. In addition, I understand that, while employed at Vision Quest, if I work for any competing business or if I compete directly with any Vision Quest business venture, it is grounds for immediate dismissal. Further, if hired, I agree to NOT reveal or disclose Vision Quest trade secrets, suppliers, distributors or creditors to any party for the purpose of direct or indirect competition with Vision Quest nor will I use any of these resources for myself in a direct or indirect competition with Vision Quest should my employment end for any reason. I understand that by doing so I will incur civil litigation and I will be responsible for all legal fees, penalties and damages resulting from this action."

Date \_\_\_\_\_ Signature \_\_\_\_\_

| DO NOT WRITE IN THIS BLOCK (FOR OFFICE USE ONLY)                |                                                                                                                                                                                                                 |                         |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| HIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> | POSITION:                                                                                                                                                                                                       | LOCATION:               |
| NUMBER OF DAYS PER WK                                           | DAYS AVAILABLE: S M T W T F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | SHIFT:                  |
| SALARY/ WAGE:                                                   | START DATE & TIME:                                                                                                                                                                                              | SPECIAL CONSIDERATIONS: |
| INTERVIEWED BY:                                                 |                                                                                                                                                                                                                 | INTERVIEW DATE:         |