

HABANA OUTPOST EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability or handicap, sex or gender, marital status, veteran status, sexual orientation, arrest record, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	HOME PHONE
STREET ADDRESS			BUSINESS PHONE
CITY AND STATE		ZIP CODE	WHEN WILL YOU BE ABLE TO BEGIN WORK?
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.			DATE _____
IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT INFORMATION

POSITION DESIRED _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY SALARY DESIRED _____ HOURS DESIRED _____
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify the reasons It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made. _____ _____
HAVE YOU EVER BEEN EMPLOYED BY US? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, department, name of supervisor and reason for leaving.
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date.
DO YOU HAVE ANY RELATIVES WORKING FOR US? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please identify them. _____

EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

DID YOU RECEIVE ANY SPECIALIZED EDUCATIONAL TRAINING OR PARTICIPATE IN ANY EXTRA-CURRICULAR ACTIVITIES WHICH WOULD AID YOU IN THE POSITION YOU ARE SEEKING? Yes No If yes, explain.

DID YOU RECEIVE ANY HONORS OR AWARD WHICH DEMONSTRATE YOUR SUITABILITY FOR THE POSITION YOU ARE SEEKING? Yes No

EMPLOYMENT HISTORY

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER (first most recent)		EMPLOYER (second most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held	Base Rate of Pay	Positions Held	Base Rate of Pay
Duties		Duties	
Reason For Leaving		Reason For Leaving	
EMPLOYER (third most recent)		EMPLOYER (fourth most recent)	
Address		Address	
City	State	City	State
Dates Employed:		Dates Employed:	
From	To	From	To
Supervisor	Phone	Supervisor	Phone
Positions Held	Rate of Pay	Positions Held	Rate of Pay
Duties		Duties	

Reason For Leaving	Reason For Leaving
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IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? Yes No

IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

IF YOU ARE A MILITARY VETERAN, PLEASE NOTE ANY JOB-RELATED TRAINING YOU RECEIVED WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than Neel Choudhury, General Counsel, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by Neel Choudhury** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment. As a condition of my employment, I agree to the extent permitted by law to waive my right to a jury trial in any action or proceeding related to my employment or the termination of my employment with Habana. I am waiving my right to a jury trial voluntarily and knowingly, and free from coercion.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Date

Applicant's signature