JOB APPLICATION

Gentry Rose, Inc. 1881 Falls Blvd N, Wynne, Arkansas 72396 (870)587-0115

Gentry Rose, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

| Applicant Information Applicant Name: | | |
|--|---------|-----|
| Applicant Name: | | |
| | | |
| Address: | | |
| City, State and Zip Code: | | |
| Telephone Number: | | |
| Email Address: | | |
| Date of Application: | | |
| Employment Position Position(s) applying for: Barista (part time) | | |
| How did you hear about this position? | | |
| What days are you available for work? | | |
| What hours or shift are you available for work? | | |
| On what date can you start working if you are hired? | | |
| Do you have reliable transportation to and from work? | | |
| Personal Information | | |
| Do you have any friends, relatives, or acquaintances working for Gentry Rose, Inc. | Yes | No |
| If yes, state name & relationship: | | |
| | | |
| Are you 18 years of age or older? | Yes | No |
| Are you a U.S. citizen or approved to work in the United States? | Yes | No |
| What document can you provide as proof of citizenship or legal status? | | |
| Do you have any condition which would require job accommodations? | Yes | No |
| If yes, please describe accommodations required below. | | |
| | | NI- |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? | Yes | No |
| If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: | | |
| | | |
| (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, including any significant details that affect the description of the event, and the surrou | | |

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

| Note: Gentry Rose, Inc. complies with eligible applicants/employees to perform | | e accommodation measures ti | hat may be necessary for | |
|--|------------------------|-----------------------------|--------------------------|--|
| Education and Training | | | | |
| High School | | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned | |
| College/University | | <u> </u> | <u>-</u> | |
| Name | Location (City, State) | Year Graduated | Degree Earned | |
| | | | | |
| ocational School/Specialized Train | ing | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned | |
| | | | | |
| Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: | | | | |
| City, State and Zip Code: | | | | |
| Employer Telephone: | | | | |
| Dates Employed: | | | | |
| Reason for leaving: | | | | |
| Employer Name: Job Title: | | | | |
| Supervisor Name: | | | | |
| Employer Address: | | | | |
| City, State and Zip Code: | | | | |
| Employer Telephone: Dates Employed: | | | | |
| Reason for leaving: | | | | |
| _ | | | | |
| Employer Name: Job Title: | | | | |
| Supervisor Name: | | | | |
| Employer Address: | | | | |
| City, State and Zip Code: | | | - | |
| Employer Telephone: | | | | |
| Dates Employed: Reason for leaving: | | | | |
| Reason jor jeavino: | | | | |

AT-WILL EMPLOYMENT

| The relationship between you and the Gentry Rose, Inc. is referred to as "employment at will." This means that your employment can |
|--|
| be terminated at any time for any reason, with or without cause, with or without notice, by you or the Gentry Rose, Inc No |
| representative of Gentry Rose, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" |
| relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or |
| representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and |
| either our Executive Vice-President/Chief Operations Officer or the Company's President. |
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| Applicant Signature: | Dated: | | |
|----------------------|--------|--|--|
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