

EMPLOYMENT APPLICATION

**E.P. Gates Construction • Farm Services • Colonial Hardware • Graham Soda shop
• Plum Pucci Salon • O.V. Yonder Outfitters**

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Date (mm/dd/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	Business Phone	May we contact you at work?	
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position Applying For	Date Available (mm/dd/year)	Are you interested in (check all that apply)
<input type="text"/>	<input type="text"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/>

Availability.
If you have the same availability everyday, fill out Monday and check "Same all days" **Same all days**

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth
Social Security Number

How were referred to us?

EDUCATION

	Name	Address	Degree/Area of Study	Number of Years Attended	Graduated
High School	<input type="text"/> City <input type="text"/>	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	n/a	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
College	<input type="text"/> City <input type="text"/>	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School	<input type="text"/> City <input type="text"/>	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	<input type="text"/> City <input type="text"/>	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained
<input type="text"/>	<input type="text"/>	<input type="text"/>

LEGAL

Are you legally authorized to work in the United States? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies):

Reason for discharge:

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor at any time within the past 5 years? Yes No

If yes, please explain in full:

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)? Yes No

If yes, please explain offense and final disposition:

(A conviction will not necessarily disqualify an applicant from employment.)

Federal, State and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

EMPLOYMENT HISTORY

List history starting with your most recent position. You may include a description of verified work performed on a volunteer basis.

Is any additional information relative to a different name necessary to check your work record? Yes No

If yes, please explain in full: _____

DATES		EMPLOYER		
From (mm/yr)	Company Name	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
To (mm/yr)	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your Job Title	Supervisor		
	<input type="text"/>	<input type="text"/>		
	List Major Duties	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	Starting Salary	Final Salary	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
From (mm/yr)	Company Name	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
To (mm/yr)	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your Job Title	Supervisor		
	<input type="text"/>	<input type="text"/>		
	List Major Duties	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	Starting Salary	Final Salary	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
From (mm/yr)	Company Name	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
To (mm/yr)	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your Job Title	Supervisor		
	<input type="text"/>	<input type="text"/>		
	List Major Duties	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	Starting Salary	Final Salary	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
From (mm/yr)	Company Name	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
To (mm/yr)	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Your Job Title	Supervisor		
	<input type="text"/>	<input type="text"/>		
	List Major Duties	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	Starting Salary	Final Salary	Reason for Leaving	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

REFERENCES

Business references (do not include relatives)			
Name [Redacted]	Address [Redacted]	Work phone [Redacted]	Years known [Redacted]
Title [Redacted]	City [Redacted]		
	State Zip [Redacted]		
Name [Redacted]	Address [Redacted]	Work phone [Redacted]	Years known [Redacted]
Title [Redacted]	City [Redacted]		
	State Zip [Redacted]		
Name [Redacted]	Address [Redacted]	Work phone [Redacted]	Years known [Redacted]
Title [Redacted]	City [Redacted]		
	State Zip [Redacted]		

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of this company

I understand and agree that if employed, employment will be "AT WILL".. That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

I understand and agree to these terms I do not understand or agree to these terms

Applicant's Signature (if submitting written form)

APPLICATION FORM ENDS HERE

Please email application to officeadmin@triad.rr.com with the subject line "[Company] Application"