

EMPLOYMENT APPLICATION

ALL APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP



Rainey Cawthon Distributor



To be properly evaluated, this application must be filled out completely. Please use ink. If more space is needed, attach a separate sheet.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	TELEPHONE	
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER LICENSE OR ID	ALTERNATE	
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
YOUR ADDRESS	CITY	COUNTY	STATE	ZIP CODE	HOW LONG
POSITION APPLYING FOR			LOCATION APPLYING FOR		
WHEN WILL YOU BE ABLE TO REPORT TO WORK AFTER BEING NOTIFIED YOUR HIRED?			ARE YOU SEEKING A FULLTIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU SEEKING A PERMANENT POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO			CAN YOU WORK THE FOLLOWING DAYS? (CHECK ALL THAT APPLY) <input type="checkbox"/> ANY <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN OTHER _____		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OF HAD ADJUDICATION WITHHELD? <input type="checkbox"/> YES <input type="checkbox"/> NO			CAN YOU WORK THE FOLLOWING DAYS? (CHECK ALL THAT APPLY) <input type="checkbox"/> ANY <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> SWING <input type="checkbox"/> ROTATING <input type="checkbox"/> SPLIT <input type="checkbox"/> GRAVEYARD OTHER _____		
IN CASE OF EMERGENCY OR ACCIDENT, WHO SHOULD BE NOTIFIED			IF YES, WHEN AND FOR WHAT REASON		
NAME	ADDRESS	RELATIONSHIP	PHONE		
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE DATE _____ LOCATION _____					
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? _____					
IF YES, STATE NAME, RELATIONSHIP AND LOCATION _____					
CIRCLE HIGHEST GRADE COMPLETED		GRADE SCHOOL	HIGH SCHOOL	COLLEGE	
		1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. Please attach extra sheet of paper if necessary

IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER NAME AND ADDRESS _____ _____ _____	POSITION TITLE / DUTIES, SKILLS	REASON FOR LEAVING
PAY \$ _____ PER _____	SUPERVISOR TELEPHONE	STATE DATE END DATE
EMPLOYER NAME AND ADDRESS _____ _____ _____	POSITION TITLE / DUTIES, SKILLS	REASON FOR LEAVING
PAY \$ _____ PER _____	SUPERVISOR TELEPHONE	STATE DATE END DATE
EMPLOYER NAME AND ADDRESS _____ _____ _____	POSITION TITLE / DUTIES, SKILLS	REASON FOR LEAVING
PAY \$ _____ PER _____	SUPERVISOR TELEPHONE	STATE DATE END DATE
List any other experiences, skills, or qualifications you feel are pertinent _____ _____		

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. In addition, I understand that, if employed, I am in a 90-day probationary period and can be discharged without cause.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____	DATE _____		
REMARKS _____			
HIRED _____	STORE _____	POSITION _____	WAGES _____
APPROVED BY _____			