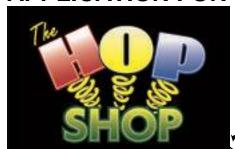
APPLICATION FOR EMPLOYMENT



Today's Date:

Applying For: (Check all that apply)				
Driver (Must have clean record)				
Helper				
Warehouse				
Office				

337-636 4411

PERSONAL INFORMATION

DL# BE SURE TO WRITE CLEARLY MIDDLE NAME LAST NAME FIRST NAME DATE OF BIRTH PRESENT ADDRESS CITY STATE ZIP CODE APT# PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE APT# CELL PHONE # HOME PHONE # DELIVERY VEHICLE (YEAR, MAKE, MODEL) *Employees MUST notify human resources of any change of address immediately! If paychecks are not picked up they will be mailed to the permanent address provided above. **EMERGENCY CONTACT INFORMATION** BE SURE TO WRITE CLEARLY FIRST NAME MIDDLE NAME LAST NAME STATE APT# **ADDRESS** CITY ZIP CODE RELATIONSHIP CELL PHONE # HOME PHONE # *Employees MUST notify human resources of any change in emergency information. If there is an emergency The Fun Ones want to ensure that the correct person is notified as soon as possible. Date you can start: WRITE IN THE HOURS THAT YOU ARE AVAILABLE TO WORK: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY **EDUCATION** GRADUATED SCHOOL LEVEL NAME AND LOCATION OF SCHOOL YEARS ATTENDED SUBJECTS STUDIED **GRAMMER SCHOOL** ☐ YES □ NO ☐ YES □ NO HIGH SCHOOL **COLLEGE** □ NO ☐ YES

SECOND COLLEGE OR GRADUATE SCHOOL						☐ YES	S NO		
TRADE, BUSINESS, OR CORRESPONDANCE						☐ YES	S 🗆 NO		
		CURREN	T AND P	AST EMPLOY	ERS				
LICT YOUR LAST TURES SMI	DI OVEDE DEL C					NT FMD	U OVED FIRST		
LIST YOUR LAST THREE EMI							LUTER FIRST		
		CURRENTO	RMOSI	RECENT EMP	LOYER				
NAME			ADD	RESS		CITY			STATE
INAIVIE		Abbi		1200		0111			9 .72
SUPERVISOR NAM	ИE	PHONE NUMBER		START DATE	END DATE		STARTING PAY	EN	DING PAY
MAY WE CONTACT YOU S		☐ YES	□NO	TITLE WHEN LEAVIN					
WENT TO BOTTON OF THE B	I			***************************************	22/11/11				
REASON FOR LEAVING:									
DESCRIPTION OF WORK:									
		F	PRIOR FI	MPLOYER					
NAME			ADD	RESS			CITY		STATE
SUPERVISOR NAM	ME	PHONE NU	MBER	START DATE	END D	ATE	STARTING PAY	EN	DING PAY
MAY WE CONTACT YOU SUPERVISOR		☐ YES	□NO	TITLE WHEN LEAVING					
REASON FOR LEAVING:									
DESCRIPTION OF WORK:									
DESCRIPTION OF WORK.									
PRIOR EMPLOYER									
NAME			ADD	RESS			CITY	T .	STATE
SUPERVISOR NAME		PHONE NU		START DATE	END D		STARTING PAY	EN	DING PAY
MAY WE CONTACT YOU SUPERVISOR		☐ YES	□NO	TITLE WHEN	LEAVING	3			
REASON FOR LEAVING:									
DESCRIPTION OF WORK:									

REFERENCES							
LIST THE NAMES OF THREE PERSONS BELOW WHOM YOU HAVE KNOWN AT LEAST 1 YEAR. ONLY ONE MAY BE RELATED TO YOU							
NAME	PHONE NUMBER	RELATIONSHIP	YEARS		1TED		
1							
2							
3							
	SPECIAL QUESTIONS						
THE INFORMATION BELOW IS REQUESTED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. RESPONSES WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT. ANSWERING ANY OF THE QUESTIONS BELOW IS COMPLETELY VOLUNTARY.							
SPECIAL QUESTIONS				YES	NO		
ARE YOU 21 YEARS OF AGE OR OLDER?	(IF NOT ARE YOU OVER 18?	YES NO)					
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES?							
ARE YOU CURRENTLY EMPLOYED? (IF SO ENTER EMPLYER INFORMATION BELOW)							
MAY WE CONTACT YOU CURRENT EMPLOYER?							
CAN YOU LIFT 75LBS. REPEATEDLY?							
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? (IF SO WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS – WRITE DETAILS ON REVERSE)							
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? (IF SO PLEASE GIVE DETAILS ON REVERSE)							
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF SO GIVE DETAILS ON REVERSE)							
HAVE YOU EVER BEEN SERIOUSLY INJURED? (IF SO GIVE DETAILS ON REVERSE)							
SPECIFIC QUALIFICATIONS							
PLEASE PROVIDE ANY OTHER INFORMATION THAT MAY QUALIFY YOU FOR THE POSITION THAT YOU ARE APPLYING FOR:							
REQUIRED DOCUMENTS AT TIME OF APPLICATION							
THE FOLLOWING ARE REQUIRED FOR The Fun Ones TO CONSIDER YOU FOR A DRIVER POSITION! VALID DRIVERS LICENSE VALID RESIDENT ALIEN CARD OR WORK PERMIT IF NOT A U.S. CITIZEN SOCIAL SECURITY CARD CURRENT VEHICLE INSURANCE CARD FOR VEHICLE BEING USED FOR DELIVERY							
AUTHORIZATION							

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMNET 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 THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLES OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."					
SIGNATURE	DATE	SOCIAL SECURITY NUMBER			