

APPLICATION FOR EMPLOYMENT



337-636 4411

Applying For:
(Check all that apply)

<input type="checkbox"/>	Driver (Must have clean record)
<input type="checkbox"/>	Helper
<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Office

Today's Date: _____

PERSONAL INFORMATION

BE SURE TO WRITE CLEARLY

DL#: _____

FIRST NAME		MIDDLE NAME		LAST 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		ADDRESS		CITY		STATE		ZIP CODE		APT#	
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

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED		SUBJECTS STUDIED
GRAMMER SCHOOL			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

SECOND COLLEGE OR GRADUATE SCHOOL			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDANCE			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CURRENT AND PAST EMPLOYERS

LIST YOUR LAST THREE EMPLOYERS BELOW STARTING WITH YOU CURRENT OR MOST RECENT EMPLOYER FIRST

CURRENT OR MOST RECENT EMPLOYER

NAME	ADDRESS	CITY		STATE	
SUPERVISOR NAME	PHONE NUMBER	START DATE	END DATE	STARTING PAY	ENDING PAY
MAY WE CONTACT YOU SUPERVISOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TITLE WHEN LEAVING		
REASON FOR LEAVING:					
DESCRIPTION OF WORK:					

PRIOR EMPLOYER

NAME	ADDRESS	CITY		STATE	
SUPERVISOR NAME	PHONE NUMBER	START DATE	END DATE	STARTING PAY	ENDING PAY
MAY WE CONTACT YOU SUPERVISOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TITLE WHEN LEAVING		
REASON FOR LEAVING:					
DESCRIPTION OF WORK:					

PRIOR EMPLOYER

NAME	ADDRESS	CITY		STATE	
SUPERVISOR NAME	PHONE NUMBER	START DATE	END DATE	STARTING PAY	ENDING PAY
MAY WE CONTACT YOU SUPERVISOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TITLE WHEN LEAVING		
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 AQUAINTED
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? <input type="checkbox"/> YES <input type="checkbox"/> 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 EMPLOYER INFORMATION BELOW)		
MAY WE CONTACT YOUR 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 EMPLOYMENT 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