

HALF HITCH TACKLE

APPLICATION FOR EMPLOYMENT

NOTICE: THIS IS A DRUG-FREE WORK PLACE. ALL PROSPECTIVE EMPLOYEES WILL BE REQUIRED TO SUBMIT TO DRUG SCREEN TESTING, CRIMINAL RECORD CHECK, AND A DRIVING RECORD HISTORY.

NAME: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(_____) _____ MESSAGE PHONE:(_____) _____

PREVIOUS ADDRESS (IF < 3 YEARS AT CURRENT ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____

POSITION APPLYING FOR: Sales Cashier Service Dept Warehouse Office

DATE YOU CAN START: _____ DESIRED SALARY: _____

HOW DID YOU HEAR ABOUT THIS POSITION?: _____

DAYS AVAILABLE: Monday Tuesday Wednesday Thursday Friday Sat Sun

HOURS AVAILABLE: 5a.m.-2p.m. 12noon-7p.m. 2p.m.-10p.m. 10p.m.-6a.m.

FULL TIME PART TIME DO YOU HAVE A FL DRIVER'S LICENSE Yes No

CAN YOU TRAVEL AWAY FROM HOME FOR SEVERAL DAYS? Yes No

ARE YOU EMPLOYED NOW?: Yes No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

WE SELL ALCHOHOLIC BEVERAGES AND THUS REQUIRE EVERYONE TO BE 18 YEARS OF AGE.
PLEASE LIST YOUR DATE OF BIRTH: ____/____/____

DO YOU HAVE ANY LIMITATIONS THAT WOULD EXCLUDE YOU FROM LIFTING A 75LB BOX?
 Yes No IF SO, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL GRADUATE: Yes No ATTENDED COLLEGE: Yes No Graduated

PLEASE LIST DEGREES: _____ SKILLS: _____

MILITARY SERVICE: Yes No From: ____/____/____ to ____/____/____ RANK: _____

COMPUTER EXPERIENCE YES NO HOBBIES: _____

HAVE YOU EVERY BEEN CONVICTED OF A CRIME? YES NO
If so, state the nature of each offense and the date the offense too place (conviction of a crime will not necessarily be a bar to employment): _____

LIST SPECIFIC JOB SKILLS OR WORK EXPERIENCE WHICH YOU FEEL QUALIFY YOU FOR THE JOB FOR WHICH YOU ARE APPLYING: _____

JOB HISTORY

EMPLOYER NAME: _____ FROM: ____/____/____ TO: ____/____/____
PHONE #: _____ POSITION: _____ SALARY: _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER NAME: _____ FROM: ____/____/____ TO: ____/____/____
PHONE #: _____ POSITION: _____ SALARY: _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER NAME: _____ FROM: ____/____/____ TO: ____/____/____
PHONE #: _____ POSITION: _____ SALARY: _____
SUPERVISOR: _____ REASON FOR LEAVING: _____

*I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF I AM EMPLOYED BY HALF HITCH, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND FURTHER AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I FURTHER RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION.
I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE. I FURTHER UNDERSTAND THAT ALL PERSONNEL ARE HIRED ON A 90 DAY PROBATIONAL PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT CAUSE DURING THE 90 DAYS.*

SIGNATURE: _____ DATE: _____

In Case of Emergency, please notify: _____

Phone Number: _____ Relationship: _____

FOR OFFICE USE ONLY: _____

