

## Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.**

**DATE**

Name

Last

First

Middle

Maiden

Present address

Number

Street

City

State

Zip

How long

**Social Security**

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age

Position applied for (1)  
and salary desired (2)  
(Be specific)

**Days/hours available**  
No Pref  
Mon  
Tue  
Wed

How many hours can you work weekly?

Can you work nights?

Employment desired    **FULL-TIME ONLY**

**PART-TIME ONLY**

**FULL- OR PART-TIME**

When available for work?

TYPE OF SCHOOL

High School

College

Bus. or Trade School

Professional School

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**

No

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number State of issue \_\_\_\_\_ Operator Commercial (CDL)  
Chauffeur

Expiration date

Have you had any accidents during the past three years?

How many?

Have you had any moving violations during the past three years?

How Many?

Typing Yes No \_\_\_\_\_ WPM 10-key No Yes Word Processing No Yes \_\_\_\_\_ WPM

Personal Computer Yes PC No Mac

Other Skills

Please list two references other than relatives or previous employers.

Name

Name

Position

Position

Company

Company

Address

Address

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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ARMED FORCES

HAVE YOU EVER BEEN IN THE ARMED FORCES?			Yes No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?			Yes No
Specialty	Date Entered	Discharge Date	
<b>Work Experience</b>			Please list your give firm name.
Name of employer Address			
City, State, Zip Code Phone number			
			Your last job titl
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address			
City, State, Zip Code Phone number			
			Your Last Job T
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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PREVIOUS EMPLOYMENT

**Work experience**

Please list your  
give firm name.

Name of employer    Address

City, State, Zip Code    Phone number

Your last job titl

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer    Address

City, State, Zip Code    Phone number

Your last job titl

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?    Yes    No

Did you complete this application yourself    Yes    No

If not, who did?

In exchange for the consideration of my job application by REDHEAD LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or a contract of employment, or to confer any right to remain an employee of \_\_\_\_\_, or otherwise to change in any respect the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color,

Thank you for completing this application form and for your interest in our business.

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**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight \_\_\_\_\_                      Birth date \_\_\_\_\_

Married    Yes    No    If married, how long? \_\_\_\_\_    Single    Separated    Divorced    Widowed

Full name of spouse    Occupation

Name of company    Telephone (    ) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name    Telephone (    ) \_\_\_\_\_

Address    Relationship

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

NAME

Date of employment	Job title	Dept.			
Location	Rate of pay	Full-time	Part-time	Salaried	
Applicant's signature acknowledging above information					
Drug test confirmation number					
Name of person verifying information					
Name of person authorizing employment					

## Applicant Selection Criteria Record

<b>JOB TITLE</b>	
<b>CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)</b>	
<b>NAME</b>	
<b>*ETHNIC CODES: 1-AFRICAN-AMERICAN, 2-ASIAN/PACIFIC ISLANDER, 3-HISPANIC, 4-NATIVE AMERICAN, 0-OTHER</b>	
<b>CANDIDATE SELECTED</b>	
<b>NAME</b>	
<b>SELECTION CRITERIA</b>	
<b>REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS</b>	
