

APPLICATION FOR EMPLOYMENT

DATE _____

S.S. # _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

HOW LONG AT ABOVE ADDRESS: _____ PHONE: _____

PREVIOUS ADDRESS: _____ HOW LONG? _____
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO. ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR: 1. _____ RATE OF PAY EXPECTED \$ _____ PER _____

2. _____ RATE OF PAY EXPECTED \$ _____ PER _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

HAVE YOU WORKED FOR US BEFORE? YES NO. IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US: _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

U.S. ARMED FORCES YES NO. IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO. IF YES, PLEASE EXPLAIN:

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

5105



FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

1

| | | | | |
|---------------------|------------|--------------------|-------|--------|
| EMPLOYER | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

2

| | | | | |
|---------------------|------------|--------------------|-------|--------|
| EMPLOYER | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

3

| | | | | |
|---------------------|------------|--------------------|-------|--------|
| EMPLOYER | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

4

| | | | | |
|---------------------|------------|--------------------|-------|--------|
| EMPLOYER | | DATES EMPLOYED | | DUTIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| TELEPHONE NUMBER(S) | | HOURLY RATE/SALARY | | |
| | | STARTING | FINAL | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

If you need additional space, please continue on a separate sheet of paper.

ARE YOU EMPLOYED NOW? YES NO.

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO.

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO. IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.

| SCHOOL | NAME AND CITY | YEARS ATTENDED | GRADUATED | COURSE OR MAJOR |
|--|---------------|----------------|------------------------------|-----------------|
| GRAMMAR 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 | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | <input type="checkbox"/> YES | |
| | | | <input type="checkbox"/> NO | |

DESCRIBE ANY OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS WHICH YOU THINK COULD BE HELPFUL IN WORK FOR THE COMPANY:

PERSONAL REFERENCES (Excluding Former Employers or Relatives)

| | | | |
|----------|-------|-----|-------------------|
| NAME: | | | BUSINESS: |
| ADDRESS: | | | PHONE: |
| CITY | STATE | ZIP | YEARS ACQUAINTED: |
| NAME: | | | BUSINESS: |
| ADDRESS: | | | PHONE: |
| CITY | STATE | ZIP | YEARS ACQUAINTED: |
| NAME: | | | BUSINESS: |
| ADDRESS: | | | PHONE: |
| CITY | STATE | ZIP | YEARS ACQUAINTED: |

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Robinslore Renovation And Custom Homes Inc. or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. 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.

DATE

SIGNATURE