

Kolache Rolf's

PLEASE COMPLETE THIS EMPLOYMENT APPLICATION THOROUGHLY. WHEN A QUESTION IS NOT APPLICABLE, INSERT N/A.

Date _____ Position Applying for: _____

1. Name _____ SS# _____

2. Do you prefer to work: () Full-time () Part-time Telephone No. () _____

3. Current Address: _____

	YES	NO
4. Are you eighteen years of age?		
5. Are you legally eligible for employment in this country?		
6. If it is required, do you have an automobile which is in safe operating condition, and do you agree to maintain your automobile in safe operating conditions?		
7. Can you safely and effectively carry out the essential duties of the job, with or without accommodations?		
8. Do you have any family or personal duties, responsibilities, or relationships which would in any way effect your availability for work or your ability to comply with the employer's schedule?		
9. Have you ever been convicted of a felony? If yes, what year? Nature of Crime:		
10. Do you still have any kind of obligation as a result of conditions of probation or parole? If yes, explain:		
11. If it is required, are you willing to travel?		
12. If it is needed, do you object to working overtime?		
13. Are you related by marriage or by blood to anyone currently working for this		

14. What skills, experience, or professional training do you have that will qualify you for this position? _____

15. What is your expected rate of pay? _____

Hours Available to Work	S	M	Tu	W	Th	F	Sa

16. In which languages other than English are you fluent? Speak Read Write

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Education History				
Level	School/location	Last Year Completed	Did you graduate?	Degree received
<u>High school</u> City/State			Yes No	
<u>College</u> City/State			Yes No	
<u>Trade School/other</u> City/ State			Yes No	

18. Personal References (Do not list relatives)

Name/Address	Relationship	Phone number
_____	_____	Home: (____) _____ Work: (____) _____
_____	_____	Home: (____) _____ Work: (____) _____
_____	_____	Home: (____) _____ Work: (____) _____

19. Employment History: (begin with current or most recent employer)

Employer (Co name):		Phone number	Date started	Last day worked
Starting pay rate	Ending pay rate	City/State	Reason for leaving	
Immediate supervisor		Job title		
Employer (Co name):		Phone number	Date started	Last day worked
Starting pay rate	Ending pay rate	City/State	Reason for leaving	
Immediate supervisor		Job title		
Employer (Co name):		Phone number	Date started	Last day worked
Starting pay rate	Ending pay rate	City/State	Reason for leaving	
Immediate supervisor		Job title		
Employer (Co name):		Phone number	Date started	Last day worked
Starting pay rate	Ending pay rate	City/State	Reason for leaving	
Immediate supervisor		Job title		

20. In case of emergency, the following person should be notified:

Name: _____ Relationship _____ Phone _____

Statement of Certification: I hereby certify that this application contains no willful misrepresentations or falsification and that the information given by me is true and correct to the best of my knowledge. I understand that should investigation reveal any misrepresentation or falsification, such findings could result in rejection of my application or in immediate termination of my employment. I authorize all previous and current employers to give any and all information concerning my employment and other pertinent information they may have, personal or otherwise, to this company and release all parties from any and all liabilities from any damages which may result from the furnishing of such information. I understand and agree that if hired my employment is for no definite period of time and that I may, regardless of the date of payment of wages or salary be terminated at any time without prior notice. If I am accepted for employment with this company, I agree to comply with supervisory instructions and to abide by its personnel policies and also to report to my supervisor any and all job-related injuries and illnesses within twenty-four (24) hours of their occurrence, regardless of severity.

Signature _____

Date _____