

SMOKY MOUNTAIN RIVER RAT

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Birth Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Social Security No.	Date Available	Days Available	M T W TH F SA SU
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal references that are not related to you and are not previous employers.</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

WHAT CONTRIBUTIONS DO YOU FEEL THAT YOU WOULD MAKE TO THE COMPANY IF HIRED?

PLEASE LIST ANY CERTIFICATIONS YOU HAVE OBTAINED, THE DATES ACQUIRED AND ANY APPLICABLE EXPIRATION DATES.		
Certification	Date Acquired	Expiration Date

TERMS OF EMPLOYMENT

If employed, I agree to familiarize myself with and to abide by the company rules and regulations, and to keep abreast of changes to them. I also agree that I will be on probation for the first sixty days of employment, and if I do not successfully complete the required training, I may be terminated.

I recognize that if hired, my employment is AT WILL and for no definite period. If hired, my employment may be terminated at any time without any prior notice by me or the employer.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.

Signature

Date