

RED HOT & BLUE

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Initial	Social Security Number	Date
Present Address: Number and Street		City	State	Zip Code
		How long have you lived here?		
Home Phone and Area Code	Date of Birth (If under 21)	If under 21, do you have a work permit?		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				

POSITION APPLYING FOR

For what position are you applying	Pay Expected	Date available to start work
Are you willing and able to work holidays and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	What hours can you work?
Have you ever been employed by Red Hot & Blue? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving? <input type="checkbox"/> Yes <input type="checkbox"/> No	Morning <input type="checkbox"/> _____ Afternoon <input type="checkbox"/> _____ Evening <input type="checkbox"/> _____
If yes, when? Where? Position held?	Who was your supervisor?	
Names of friends and relatives employed by Red Hot & Blue?		

EMPLOYMENT EXPERIENCE

(Begin with most recent employer, including volunteer positions.)

Present or Last Employer	Dates employed (Month and Year) From: To:
Address (Street, City, State, Zip Code)	Salary Rate Start \$ Final \$
Name of Immediate Supervisor	Area Code/Phone Number
Your position and duties	Reasons for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your last Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present or Last Employer	Dates employed (Month and Year) From: To:
Address (Street, City, State, Zip Code)	Salary Rate Start \$ Final \$
Name of Immediate Supervisor	Area Code/Phone Number
Your position and duties	Reasons for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your last Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present or Last Employer	Dates employed (Month and Year) From: To:
Address (Street, City, State, Zip Code)	Salary Rate Start \$ Final \$
Name of Immediate Supervisor	Area Code/Phone Number
Your position and duties	Reasons for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your last Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

High School	School	Location (City, State)	Major	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	School	Location (City, State)	Major	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/ Technical	School	Location (City, State)	Major	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training not shown above				

CRIMINAL CONNECTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS. IN ANSWERING THE FOLLOWING QUESTIONS, YOU MAY OMIT ANY INFORMATION OR ANSWER "NO RECORD" WITH REGARD TO ANY CONVICTION FOR WHICH THERE IS A SEALED RECORD ON FILE WITH THE COMMISSIONER OF PROBATION. YOU SHOULD ALSO OMIT FIRST CONVICTIONS FOR DRUNKENNESS, SIMPLE ASSAULT, SPEEDING, MINOR TRAFFIC VIOLATIONS, AFFRAY OR DISTURBANCE OF THE PEACE.

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO. IF YES, GIVE DATES AND DETAILS
2. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST FIVE YEARS? YES NO.
IF YES, GIVE DATES AND DETAILS

I certify that the information contained in this application is true and complete to the best of my knowledge. I agree that any falsification, misrepresentation or omissions of facts in this application or the hiring process may result in denial of employment or immediate dismissal. I authorize a thorough investigation of all statements contained herein and my past employment and activities. I agree to cooperate in such investigation and release from all liability for any damage all persons and corporations requesting or supplying information. If employed, I agree to conform to the rules and regulations of the company and any changes thereto. I also understand that my employment and compensation can be terminated with or without cause, and with or without notice at any time at the option of either the company or myself. I further understand that no one other than the President of the company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I further agree to submit to search of my person or of any locker or work area that may be assigned to me and hereby waive all claims for damages on account of such examination.

Date: _____ Please sign here: _____