

Other

## Application for Employment Equal Opportunity Employer

	SIR.	©KCIIUS		1 (1)	
General Information. Please	e complete using ink and print.			MATTER CONTRACT	
Today's Date			Position Desired		
Name (Last)	(First)	(Middle)	Minimum Salary Desired		
Social Security Number			Date Available to Work		
Permanent Address			Referred By		
City	State	Zip		ployment Desired	
Telephone (Home)	Telephone (Cell)				
Please check days and times v	Ou would be available to work		□ Days □ Nig	ghts	
Please check days and times you would be available to work.   Monday			_ □ Thursday		
If yes, identify by name(s), po O'Kelly's, Cabin, Wayside Employment Record. List y	ends, or family employed by ou sition and location. our previous experience, begin May we contact any of these en	ning with your cur	Are you 18 or olde		
Employer	May we contact any of mese en	imployers? Li Yes	Dates		
Address			Position		
Phone	Supervisor			Salary	
Reason for Leaving			Duties		
Employer			Dates		
Address			Position		
Phone Supervisor			Salary		
Reason for Leaving			Duties		
Employer			Dates		
Address			Position		
Phone	Supervisor	Salary			
Reason for Leaving			Duties		
Education History.		A			
Name and Location of School	Years Attended	l . Course	of Study D	oid you Graduate?	
High School					
`_II					

dditional Questions			
Why are you interested in wo	orking for our com	apany?	
What Strengths would you b	ring to our compa	iny?	
What didn't you like about y	our previous jobs?	}	
Do you have any talents?			
Have you ever been convict	ed of a crime?	Yes □ No	
Do you have commitments	to another employ	yer that might affect your e	employment with us?
□ Yes □ No			
	and the second of the second of the second		
Incase of emergency plea	se notify		Relationship
Name	Phone		Titlation of the second of the
Address			
further agree that this agree manager. I agree that I shall employment of the firm as on the Company except the firm to deduct from each a by me or the value of propof my employment.  I agree that any action or claims arising under State or ise to the claims or be for should bring any action or pay to the firm any and all employment physical (if this conditional until such time.)	nay terminate the element may only be ement may only be all be bound by oth they are from time ose which have be and every period of perty or money ento or Federal civil riguever barred. I want claim arising out of such costs incurred the physical is required as the result of	employment relationship, we altered in writing directed are rules, policies, regulation at to time changes, and no sen acknowledged in writing fry pay any amounts necessated to me by, or owed leany arising out of my employed statues, must be broughts statues, must be broughts statues, must be brought any limitation periods to of my employment against against ed by the company in deferired) are known attorney for my re-employment physical statues.	with or without cause, at anytime, and I d at me personally and signed by the ms and terms and conditions of additional obligations can be imposed ag, by the manager, I herby authorize the ressary to offset any damages caused by me to the firm during the course lloyment, including, but not limited to, the within 180 days of the event giving to the contrary. I further agree that if I the firm in which the firm prevails, I will these of said claims or actions, including the ees. I further agree that my employment cal (if the physical is required) are known.
For office use only			
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Interviewed by:		Remarks:	
	(1 2)	Name of the last o	
3.7	(1-3)	er de la companya de	
Neatness		_	and the second
Personality			
Character		Approved:	
Availability		Tippioved.	