



APPLICATION FOR EMPLOYMENT

LOCATION APPLYING FOR: _____

PLEASE PRINT

POSITION(S) APPLIED FOR: _____ DATE: _____

NAME: _____ BIRTHDATE: ____/____/____

ADDRESS: _____
STREET CITY STATE ZIPCODE

CELL PHONE: _____ HOME PHONE: _____ OTHER: _____

IF UNDER THE AGE OF 16, CAN YOU PROVIDE A WORK PERMIT? _____ YES _____ NO

HAVE YOU EVER BEEN EMPLOYED BY TIM'S RIVERSHORE, TIMS2 AT FAIRVIEW OR TIMS3 AT LAKE ANNA?

IF YES, GIVE LOCATION(S), DATES AND POSITIONS HELD: _____

DATE AVAILABLE: _____

TYPE OF EMPLOYMENT DESIRED: _____ FULL TIME _____ PART TIME _____ SEASONAL

DO YOU CONSENT TO RANDOM DRUG TESTING, WHICH MAY INCLUDE PRE-EMPLOYMENT SCREENING? _____

HAVE YOU EVER PLED "GUILTY" OR BEEN CONVICTED OF A CRIME GREATER THAN A MISDEMEANOR?

_____ YES _____ NO

IF YES, PLEASE PROVIDE DATES AND DETAILS: _____

ANSWERING YES DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT

EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FROM YOUR PAST THREE EMPLOYERS, STARTING WITH MOST RECENT

FROM _____ TO _____ EMPLOYER: _____ PHONE: _____

STARTING JOB TITLE _____ ADDRESS: _____

SUPERVISOR: _____ STARTING PAY: _____ ENDING PAY: _____

NATURE OF WORK AND RESPONSIBILITIES: _____

MAY WE CONTACT? _____ REASON FOR LEAVING: _____

FROM _____ TO _____ EMPLOYER: _____ PHONE: _____

STARTING JOB TITLE _____ ADDRESS: _____

SUPERVISOR: _____ STARTING PAY: _____ ENDING PAY: _____

NATURE OF WORK AND RESPONSIBILITIES: _____

MAY WE CONTACT? _____ REASON FOR LEAVING: _____

FROM _____ TO _____ EMPLOYER: _____ PHONE: _____

STARTING JOB TITLE _____ ADDRESS: _____

SUPERVISOR: _____ STARTING PAY: _____ ENDING PAY: _____

NATURE OF WORK AND RESPONSIBILITIES: _____

MAY WE CONTACT? _____ REASON FOR LEAVING: _____

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATIONS THAT MAY PERTAIN TO THE JOB RELATED FUNCTIONS FOR THE POSITION TO WHICH YOU ARE APPLYING:

PLEASE PROVIDE 3 REFERENCES OF PEOPLE NOT RELATED TO OR LIVING WITH YOU

NAME: _____ PHONE: _____ YEARS KNOWN: _____

NAME: _____ PHONE: _____ YEARS KNOWN: _____

NAME: _____ PHONE: _____ YEARS KNOWN: _____

APPLICANT STATEMENT:

I certify that all information I have provided to apply for and secure work is true and correct. I understand that any information I provide that is found to be false, incomplete or misrepresented in any respect will be sufficient cause for immediate termination.

I authorize, without reservation, the employer to contact and obtain information from all references, personal and professional. I hereby waive any and all claims I may have regarding the employer for seeking, gathering, and using such information in the employment process and all persons, corporations and organizations for furnishing such information.

If I am hired, I understand the employer reserves the right to terminate my employment at any time, with or without cause or prior notice except as is required by law. I understand there is a 90 day probationary period.

I understand this application does not constitute an agreement or contract for employment for any specified period or duration.

I UNDERSTAND, IF I AM HIRED, THE JOB IS CONSIDERED TO BE SEASONAL EMPLOYMENT AND AS SUCH, IF I AM LAID OFF I WOULD NOT BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS IN MOST CIRCUMSTANCES.

I ALSO UNDERSTAND, IF I AM HIRED I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT

SIGNATURE OF APPLICANT: _____ DATE: _____