

NON-DRIVER'S APPLICATION FOR EMPLOYMENT

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON JOB RELATED DISABILITIES.

Date of Application _____

Desired Wage _____

License # _____

State _____

Class _____

PERSONAL INFORMATION

Name: _____

Address: _____

Phone Number: _____

Social Security number: _____ Date of Birth: _____

Are you Eligible to work in the United States? Yes ___ No ___

Are you under the age of 18, Do you have an employment/Age certificate? Yes ___ No ___

Have you been convicted, or pleaded "no contest" to a felony? Yes ___ No ___

If yes, please explain:

POSITION AVAILABILITY:

Position applied for: _____

Days/Hours Available:

Monday	___	Hours available From: ___ To ___
Tuesday	___	Hours available From: ___ To ___
Wednesday	___	Hours available From: ___ To ___
Thursday	___	Hours available From: ___ To ___
Friday	___	Hours available From: ___ To ___
Saturday	___	Hours available From: ___ To ___
Sunday	___	Hours available From: ___ To ___

What date are you available to start work: _____

EDUCATION:

Name and Address of school-Degree/Diploma-Graduation Date:

Skills and Qualifications-License, skills, training Awards:

EMPLOYMENT HISTORY:

Employer: _____

Address: _____

Contact: _____ Contact Phone: _____

Position Title: _____ Employment Dates: _____

May we contact your present employer? Yes _____ No _____

Employer: _____

Address: _____

Contact: _____ Contact Phone: _____

Position Title: _____ Employment Dates: _____

Employer: _____

Address: _____

Contact: _____ Contact Phone: _____

Position Title: _____ Employment Dates: _____

PERSONAL REFERENCES:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

To Be Read and Signed by Applicant

This certifies that I completed this application, and that all entries and information are true and complete to the best of my knowledge.

I authorize **Al Smith Rigging** to make such investigations and inquires of my personal, employment, financial and medical history, and any other related matters, as may be necessary in arriving at an employment decision. I further authorize **Al Smith Rigging** permission to secure an Abstract of Driving record (MVR) from the state issuing my DL, or shall furnish it upon request. I hereby release employers, schools, health care providers and others persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given on this application, or interview (s), may result in immediate termination of employment.

Date: _____ Applicant's Signature: _____

OFFICE ONLY-DO NOT WRITE BELOW THIS LINE

Date Interviewed: _____

COMMENTS: _____

HIRED: YES _____ NO _____ START DATE: _____

COMPANY REP: _____ DATE: _____