

Phoenix Restoration

Application for Employment

Date: _____

Personal Information:

Full Name:

Last	First	Middle

Physical Address:

Street	City, State	Zip

Mailing Address:

Street, P.O. Box	City, State	Zip

Phone Number:

Are you over Age 18?

Yes or No

Employment Desired:

Position(s) Desired: _____ Salary Desired _____

Are you employed now? _____ May we contact your present employer? _____

On what date would you be available to start work? _____

Are you available to work: ___ Full Time ___ Part-Time ___ Temporary

Education

	Name	High School Diploma or G.E.D.?	Diploma/Degree
High School			
College			
Other			

Employment Experience:

(last employer first)

Job Title:		Dates From M/Year	Employed To M/Year	Work Performed
Employer:	Telephone:			
City, State:				
Supervisor:	Telephone:	Hourly Rate/Salary		
Reason for Leaving:		Starting	Final	
		Hours Worked Per Week		

Job Title:		Dates From M/Year	Employed To M/Year	Work Performed
Employer:	Telephone:			
City, State:				
Supervisor:	Telephone:	Hourly Rate/Salary		
Reason for Leaving:		Starting	Final	
		Hours Worked Per Week		

Job Title:		Dates From M/Year	Employed To M/Year	Work Performed
Employer:	Telephone:			
City, State:				
Supervisor:	Telephone:	Hourly Rate/Salary		
Reason for Leaving:		Starting	Final	
		Hours Worked Per Week		

Job Title:		Dates From M/Year	Employed To M/Year	Work Performed
Employer:	Telephone:			
City, State:				
Supervisor:	Telephone:	Hourly Rate/Salary		
Reason for Leaving:		Starting	Final	
		Hours Worked Per Week		

Transportation:

Due to the nature of our business, employees will require a working vehicle and valid North Carolina driver's license. Do you meet these requirements? ____ Yes ____ No

Special Skills and Qualifications:

Summarize special skills acquired from employment or other experience ...

Give name, city and state, and telephone number of three references who are not related to you and are not previous employers.

State any additional information you feel may be helpful to us in considering your application.

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ____ Yes ____ No

If yes, please describe: _____

In Case of Emergency notify:

(Name) (Home Phone #) (Work Phone #) (Relationship)

SPECIAL QUESTIONS

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

___ Height ___ feet ___ inches ___ Are you prevented from lawfully becoming employed in the U.S.? ___ Yes ___ No

___ Weight _____ lbs ___ Date of Birth _____

___ What Foreign Languages do you speak fluently? _____

Have you been charged or convicted with a felony or misdemeanor within the last 5 years? ** ___ Yes ___ No

If Yes, please describe: _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

All and/or any information provided by you may be subject to a background check.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed here within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date: _____

Signature: _____

Social Security No.: _____

Driver's License No. _____

State: _____

Phoenix Restoration is an equal opportunity employer.