

APPLICATION FOR EMPLOYMENT

Application must be completed in applicant's own handwriting.

NAME:

SOCIAL SECURITY #:

LOCAL ADDRESS:

PERMANENT ADDRESS:

LOCAL PHONE:

PERMANENT PHONE:

EMAIL ADDRESS:

How many hours per week would you like?
 0-10 10-20 20-30 30-40

Where did you learn about the position opening?

On what date can you begin work?

You must be able to work weekends when there are home football games.

Can you meet this requirement? Yes No

Have you applied here before? Yes No
 If yes, give date:

Are you currently employed now? Yes No

If yes, may we contact your present employer? Yes No

Are you under the age of 16? Yes No

If yes, can you furnish a work permit? Yes No

Are you a United States citizen? Yes No

If not, do you have employment eligibility documents? Yes No

Do you have any medical conditions which might preclude you from any stretching or any lifting or moving of objects? Yes No

Have you ever been convicted of a felony? Yes No

Please fill in the times you are available to work. Your application will be considered only if you can provide a permanent schedule for the employment period. Part-time positions are considered to be temporary, and last for the duration of the Fall academic semester, the Spring academic semester, the holiday season, or the summer. Employees who demonstrate professionalism, enthusiasm, and excellent customer service will be eligible for future employment after the duration.

PLEASE INDICATE FOR WHICH PERIOD YOU ARE APPLYING: SPRING FALL HOLIDAY SUMMER

	MON	TUE	WED	THU	FRI	SAT	SUN
10:00-11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00-12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00-1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00-2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00-4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00-5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00-6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to work at Johnny T-shirt?

What relevant skills or earlier experience do you have?

Why should we hire you?

Education

Are you a full-time student? Yes No

High School-

Name:

City, State:

Year: Fr So Jr Sr

Activities:

College/University-

Name:

City, State:

Course of Study:

Year: Fr So Jr Sr Gr

Activities:

Employment

Start with your present or last job. Include military status and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, age or other protected status. Include additional sheets if necessary.

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Company Name:

Mailing Address:

Phone Number:

Supervisor's Name:

Supervisor's Position:

Your Position:

Dates of employment (month/year): To

Full Time Part Time Salary/Wage:

Reason for leaving:

Responsibilities:

Please read the following carefully and sign underneath:

As an equal opportunity employer, this company's policy, as well as federal and state law, prohibits employment discrimination based on race, color, religion, gender, national origin, physical handicap, or age with respect to individuals who are at least eighteen years of age. As part of the application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct and employment records. I further agree that failure to reveal a prior employer, or the giving of false or misleading information will be grounds for termination of employment.

Signature:

Date:

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

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