DATE	
SOCIAL SECURITY #	



# APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

#### PERSONAL INFORMATION

NAME					
(LAST)	(FIRST)		(MIDDLE)		
ADDRESS					
(STREET)	(CITY)		(STATE)	(ZIP)	
HOW LONG AT ABOVE ADDRESS?		PHONE (	()		
PREVIOUS ADDRESS	(CITY) (STATE) (ZIP)				
· · · ·	•				
ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE U.S.	? □ YES □ NO	ARE YOU 18 YEA	ARS OR OLDE	R? □ YES □ NO	
DESIRED POSITION 1.	RAT	E OF PAY EXPECTED	\$	PER	
2	RAT	E OF PAY EXPECTED	\$	PER	
WOULD YOU PREFER TO WORK □ FULL TIME □ PAI	RT TIME 🗖 TEN	MPORARY DATE AV	/AILABLE		
HAVE YOU WORKED FOR US BEFORE? ☐ YES ☐ NO	IF YES, WHI	EN?			
LIST ANY FRIENDS OR RELATIVES WORKING FOR US	3				
PLEASE LIST ANY ADDITIONAL INFORMATION THA' WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAI If you need additional space, please continue on a separate shee	NING, MACHIN			, , ,	
U.S. ARMED FORCES ☐ YES ☐ NO BRANCH		RANK AT DIS	SCHARGE		
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN	THE PAST 7 YE	EARS? □ YES □ NO	IF YES, PLI	EASE EXPLAIN.	
	(CONVI	CTION WILL NOT NECESSARIL	Y DISQUALIFY APPL	ICANT FOR EMPLOYMENT)	
PERSON TO BE NOTIFIED	IN CASE OF AC	CCIDENT OR EMERG	ENCY		
NAME		PHONE (	()		
ADDRESS					
RELATIONSHIP					

## FORMER EMPLOYERS — LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH THE LAST ONE FIRST

<b>EMPLOYER 1</b> MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	DATES E	MPLOYED	DUTIES
	FROM	TO	
			-
ADDRESS			
PHONE NUMBER(S)	HOURLY RA	TE/SALARY	
	STARTING	FINAL	1
JOB TITLE			-
SUPERVISOR & DIRECT LINE/EXTENSION			
301 ERVISOR & DIRECT EINE/EXTENSION			
REASON FOR LEAVING			
REASON FOR LEAVING			
EMPLOYER 2 MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	DATES EMPLOYED		DUTIES
	FROM	TO	
•	-		4
ADDRESS			
DIVOND WHATDED (C)			
PHONE NUMBER(S)	HOURLY RA	TE/SALARY	
	STARTING	FINAL	
JOB TITLE			]
SUPERVISOR & DIRECT LINE/EXTENSION			
, ,			
REASON FOR LEAVING			
<b>EMPLOYER 3</b> MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	DATES E	MPLOYED	DUTIES
EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	FROM	MPLOYED TO	DUTIES
EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO			DUTIES
EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO			DUTIES
			DUTIES
EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO  ADDRESS			DUTIES
			DUTIES
ADDRESS	FROM	ТО	DUTIES
	FROM HOURLY RA	TO TE/SALARY	Duties
ADDRESS  PHONE NUMBER(S)	FROM	ТО	Duties
ADDRESS	FROM HOURLY RA	TO TE/SALARY	- Duties
ADDRESS  PHONE NUMBER(S)  JOB TITLE	FROM HOURLY RA	TO TE/SALARY	- Duties
ADDRESS  PHONE NUMBER(S)	FROM HOURLY RA	TO TE/SALARY	DUTIES
ADDRESS  PHONE NUMBER(S)  JOB TITLE	FROM HOURLY RA	TO TE/SALARY	DUTIES
ADDRESS  PHONE NUMBER(S)  JOB TITLE  SUPERVISOR & DIRECT LINE/EXTENSION	FROM HOURLY RA	TO TE/SALARY	- Duties
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ADDRESS  PHONE NUMBER(S)  JOB TITLE  SUPERVISOR & DIRECT LINE/EXTENSION	FROM HOURLY RA	TO TE/SALARY	DUTIES
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ADDRESS  PHONE NUMBER(S)  JOB TITLE  SUPERVISOR & DIRECT LINE/EXTENSION  REASON FOR LEAVING  EMPLOYER 4 MAY WE CONTACT THIS EMPLOYER?  YES NO	HOURLY RA STARTING  DATES E	TO TE/SALARY FINAL	
ADDRESS  PHONE NUMBER(S)  JOB TITLE  SUPERVISOR & DIRECT LINE/EXTENSION  REASON FOR LEAVING	HOURLY RA STARTING  DATES E	TO TE/SALARY FINAL	
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If you need additional space, please continue on a separate sheet of paper.

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO

# DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? $\square$ YES $\square$ NO

### **EDUCATION**

SCHOOL	NAME AND CIT	TY	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR			
GRAMMAR SCHOOL				□ YES □ NO				
HIGH SCHOOL				□ YES □ NO				
COLLEGE				□ YES □ NO				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				□ YES □ NO				
DESCRIBE ANY OTHER EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT YOU THINK COULD BE HELPFUL IN YOUR WORK FOR OUR COMPANY — If you need additional space, please continue on a separate sheet of paper.								
F	PERSONAL REFERENCES -	— EXCLUDING FOR	MER EMPLOYE	ERS OR RELA	ATIVES			
NAME			BUSINESS					
ADDRESS			PHONE					
CITY	STATE Z	ZIP	YEARS ACQUAINT	'ED				
NAME			BUSINESS					
ADDRESS			PHONE					
CITY	STATE 2	ZIP	YEARS ACQUAINT	ED				
NAME			BUSINESS					
ADDRESS			PHONE					
CITY	STATE Z	ZIP	YEARS ACQUAINT	`ED				
The facts set forth in my application are true and complete: I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Robinson Renovation & Custom Homes or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice. Further, I understand and agree that 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.								
SIGNATURE			DATE					