



AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION (PLEASE PRINT)

Today's Date: _____

Date Available to Start: _____ Position Desired: _____ FULL TIME PART TIME

Name: _____

Current Address: _____

Daytime Phone: () _____ - _____

Evening Phone: () _____ - _____

Are you are least 18 years of age? YES NO

Can you present proof of your legal right to work in this country? YES NO

Do you have any friends/relatives who work/have worked at Fishs Eddy?

If yes, who? _____

What prompted you to apply to Fishs Eddy?

WALK-IN FRIEND ADVERTISEMENT AGENCY OTHER _____

Have you previously applied to Fishs Eddy? YES NO

If so, when? _____ Which location? _____

Have you previously worked at Fishs Eddy? YES NO

If so, when? _____ Which location? _____

Are you currently employed? YES NO

If yes, may we contact your current employer? YES NO

Have you ever been terminated or forced to resign from any employment? YES NO

If yes, please explain _____

Have you been convicted of a felony within the last five years? YES NO

If yes, please explain _____

AVAILABILITY

Please write the times you are available to work

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____



REFERENCES

Please list three personal/business references

Table with 4 columns: NAME, PHONE, RELATIONSHIP, YEARS KNOWN. Three rows for references.

Educational History

Table with 5 columns: HIGH SCHOOL, CITY, STATE, YEARS COMPLETED, DEGREE?. Rows for COLLEGE and ADDITIONAL TRAINING.

Do you have any other special skills that might be helpful for this job?

Three horizontal lines for writing special skills.

PREVIOUS EXPERIENCE

List your previous 7 years experience beginning with your most recent position

Four numbered sections for previous experience, each with fields for EMPLOYER, ADDRESS, PHONE, SUPERVISOR, DUTIES, and DATES OF EMPLOYMENT.



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AUTHORIZATION

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 herein. I also authorize the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release Fishs Eddy from all liability that may result from the utilization of such information. I do hereby authorize Fishs Eddy for disclose any of my employment information to pertinent federal, state and local government agencies, if required by law.

In the event that I am employed by Fishs Eddy, I understand that my employment would not be for a specified term and that it may be terminated at any time for any reason, with or without cause by either the company or me.

DATE

PRINT NAME

SIGNATURE