OFFICE USE ONLY

First Date Worked _____	Emp. # _____
Store _____	D.L. # _____
Dept. _____	Uniform Issued _____
Position _____	Full-Time _____
Salary _____	Part-Time _____
Manual Issued _____	Regular _____
Date of Birth _____	Temporary _____

Patioworld®

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE: _____ DATE AVAILABLE FOR EMPLOYMENT: _____

(PLEASE PRINT)

PERSONAL

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
ADDRESS	NUMBER & STREET			PHONE NUMBER (INC. AREA CODE)
CITY		STATE	ZIP	

PREVIOUS ADDRESS IN THE UNITED STATES:

ADDRESS	NUMBER & STREET		
CITY		STATE	ZIP

HOW WERE YOU REFERRED?

HAVE YOU PREVIOUSLY WORKED FOR US? ☐ YES ☐ NO IF YES, WHEN?

REASON FOR LEAVING: BRANCH:

LIST RELATIVES & FRIENDS EMPLOYED BY US: (state name, relationship & company location)

GENERAL

WHAT TYPE OF WORK ARE YOU SEEKING? FULL TIME: ☐ YES ☐ NO PART TIME: ☐ YES ☐ NO

DESCRIBE OTHER WORK FOR WHICH YOU ARE QUALIFIED:

WOULD YOU CONSIDER SUCH WORK AS AN ALTERNATE SELECTION: ☐ YES ☐ NO

REMARKS (IF DESIRED)

SALARY EXPECTED? IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? ☐ YES ☐ NO

CHECK TIMES YOU ARE WILLING TO WORK ☐ MORNING ☐ AFTERNOON ☐ EVENING

☐ OVERTIME ☐ SATURDAYS ☐ SUNDAYS ☐ HOLIDAYS

Can you, after offer of employment, submit verification of your legal right to become gainfully employed in the United States? ☐ YES ☐ NO

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

_____

_____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME	(last)		(first)		PHONE NUMBER (INC. AREA CODE)
ADDRESS	NUMBER & STREET	city	state	zip	

EDUCATIONAL BACKGROUND

Education	Name & Location of School	No. of Years Attended	Course of Study General/Special	Did You Graduate?
Elementary School				
High School				
Night School				
Correspondence School				
College - - University				

OTHER EDUCATION OR SPECIAL TRAINING (INCLUDING U.S. MILITARY SERVICE SCHOOLS, ETC.) _____

_____

U.S. MILITARY SERVICE RECORD

Have you ever served in the United States Armed Forces? ☐ YES ☐ NO

If Yes, what branch? _____

What were your duties in the Service? (Include Special Training) _____

_____

REFERENCES

LIST AT LEAST THREE REFERENCES WHO ARE FAMILIAR WITH YOUR ABILITY AND BACKGROUND (DO NOT USE IMMEDIATE SUPERVISOR OR RELATIVES.)

FIRST NAME	MIDDLE INITIAL	LAST NAME	ADDRESS	CITY	STATE	ZIP	YEARS KNOWN

SPECIAL ABILITIES OR INTERESTS

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES, SPECIAL WORK YOU HAVE DONE OR WORK YOU WOULD LIKE TO DO.

_____

_____

_____

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY

YOUR WORK EXPERIENCE IS AN IMPORTANT FACTOR IN FINDING A POSITION FOR WHICH YOU ARE WELL-SUITED. CLEARLY LIST ALL EMPLOYMENT INCLUDING U.S. MILITARY FOR AT LEAST TEN YEARS.

STARTING WITH YOUR MOST RECENT POSITION.

PRESENT (LAST) EMPLOYMENT

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS
	MAY WE CONTACT NOW? ☐ YES ☐ NO			

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS.

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS.

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS

EMPLOYER				FROM MONTH YEAR
STREET	CITY	STATE	ZIP	
YOUR TITLE	SUPERVISOR'S NAME	PHONE		TO MONTH YEAR
YOUR POSITION AND DUTIES				
REASON FOR LEAVING ☐ QUIT ☐ LAYOFF ☐ DISCHARGE	WHY?			TOTAL TIME MOS.

ADDITIONAL EXPERIENCE

STATE WHAT YOU DID SINCE LEAVING SCHOOL IN PERIODS NOT ALREADY COVERED, INCLUDING PART-TIME OR SELF-EMPLOYMENT WITH NAMES AND ADDRESSES OF EMPLOYERS WHERE APPLICABLE. ADDITIONAL SHEETS MAY BE ADDED IF NECESSARY.

DATES	

FOR APPLICANT'S USE

USE THIS SPACE FOR ANYTHING YOU WISH TO TELL US CONCERNING YOUR SPECIAL ABILITIES, ACHIEVEMENTS, HONORS OR AWARDS. YOU MAY INCLUDE ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED AND POSITIONS THAT YOU ARE QUALIFIED TO FILL IN THOSE AREAS.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company.

I understand that if employed, falsified statements on this application, false statements made in person, and/or false information (in the exclusive judgement of the Company) supplied in any way to the Company will result in disqualification from further consideration for employment and if discovered after employment may result in dismissal.

If hired, and in the event of my termination, I authorize the employer to release information concerning my employment relationship to anyone making an inquiry as to my employment with the employer. Should the employer release said information, the employer shall not be liable under any circumstance, so long as the information released was not known to be inaccurate.

I understand applications remain active for a period of thirty (30) days from the date the application is filed and that in order to be considered for the position beyond thirty days, a new application must be completed and submitted.

I further understand, that if employed, the employment relationship is "at will" and may be severed at any time for any reason with or without notice or cause. The Company is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative credit agencies or bureaus of its choice.

Please check the box if you desire a copy of any credit reference received. ☐

Signature of Applicant _____

Note: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

DO NOT WRITE IN THIS BOX

INTERVIEW _____ YES _____ NO INTERVIEW DATE _____

RESULT OF INTERVIEW _____

_____

_____

_____

RECOMMEND FOR EMPLOYMENT? _____ YES _____ NO INTERVIEWED BY _____

PERSONNEL APPROVAL _____