



Tipton Meat Locker

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name _____ MI _____ Last _____

Social Security Number _____

Street Address _____ APT# _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Cell (____) _____

Do you have any physical condition or handicap that may prevent you from doing certain jobs?

Are you able to lift 50lbs or more? Yes ___ No ___

Are you under 18yrs? Yes ___ No ___

Have you been convicted of a criminal offense within the past seven years? If yes, please explain

(Except minor traffic offenses)

INJURIES: Have you ever had any injuries (on or off the job) which have affected your ability to perform your job? Yes ___ No ___

Emergency contact (notify the following person in case of an emergency)

Name _____ Telephone _____

EMPLOYMENT INTERESTS

Position for which you are applying:

Full-time _____ Part-time _____ Temporary _____ Weekends _____

Date Available _____

Salary Expected _____

Are you a legal citizen of the US? Yes ___ No ___

EDUCATION

High School _____

College _____

Business/Trade School _____

EMPLOYMENT HISTORY

Please list ALL JOBS beginning with your present or last employer. Account for all time periods, including UNEMPLOYMENT, SELF-EMPLOYED, AND US MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form

Company Name _____ Type of Business _____

Start Date _____ End Date _____ Address _____

Reason for leaving or wishing to leave? _____

May we contact your employer? Yes ___ No ___

Company Name _____ Type of Business _____

Start Date _____ End Date _____ Address _____

Reason for leaving or wishing to leave? _____

May we contact your employer? Yes ___ No ___

Company Name _____ Type of Business _____

Start Date _____ End Date _____ Address _____

Reason for leaving or wishing to leave? _____

May we contact your employer? Yes ___ No ___

Maybe asked to take a drug test? Yes ___ No ___

SPECIAL EMPLOYMENT NOTICE

If employed, I agree to conform to all the policies and procedures of the company and recognize that my employment and compensation can be terminated, with or without just cause, and without notice at any time. I understand that no employee of the company has authority to enter into any agreement for employment for a specific period.

STATEMENT

I certify the facts set fourth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize the company to verify all statements contained in this application and to make any necessary reference checks except as limited above for my present employer.

Applicants Signature: _____ Date: _____