

Okie Sno

Employment Application

				APPI	LICA	NT INFO	RMATIO	N			
Full Name:	T		I	MI				LAST	Ī	Date of l	Birth:
Address: STREET								Apart	ment/Unit #		
Phone: ()			·	E-Ma	ail A	ddress:					
Social Security N	Numb	per			-						
Date available to start:			Can you provide transportation to and from work?					yes	no		
Are you a U.S. citizen?			yes	es no If no, are you legal to work in the U.S?					_		
Have you ever been convicted of a felony? Do you smoke?			yes yes								
						Availabilit					
Monday	Tue	Tuesday Wedne		ednesday Tl		Thursday		Friday	Satur	rday	Sunday
						Education	on				
Name and location					Areas of specialization			Year graduated			
High School:											
College/Tech School:											
						Other In	ıfo				
Position preferenc	e:						Pay Desired	:			
How did you find	out a	bout this job?									
Do you know anyo	one tl	nat works for O	kie Sno?	(First	and l	Last name)					-
If you are 18 can y trailer?	ou d	rive a	yes no		not i	18					
Emergency Conta	ct										
Name		Relationship			Ph	one Numb	er	Ad	ldress		

Employment History										
Company:	Phone:									
Responsibilities:	Supervisor: Ending Pay Rate: Ending Pay Rate:									
From: To:	Reason for L	_eaving:								
Company:		<u>P</u> hone: _								
Address:	Supervisor:									
Job Title:	Starting Pay Rate:Ending Pay Rate:									
Responsibilities: To:	Reason for L	eaving:								
Company:		Phone: _								
Job Title:	Supervisor: Starting Pay Rate: Ending Pay Rate:									
Responsibilities:										
From: To:	Reason for L	_eaving:								
May we contact your present employer? yes no										
	Refer	ences								
List at least three references whom you have known for at least a year. (Please use first and last names)										
Reference	Phone	Email	Relationship							
	Logo	I Statement								
PLEASE READ BEFORE SIGNING "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 the application shall be grounds for dismissal. I authorize investigation of all statements concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.										

I also understand and agree that no representatives of the company has any authority to enter into any agreement for employment for any specified amount of time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

By signing this I realize that I may not always get the shift that I want to work. I also realize that I do not have a guaranteed job at any time and I could be dismissed by myself, or by Okie Sno.

Sign	ature	Date
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