

Employment Application

Applicant Information

Applicant Name:	
Address: (Street/Number/Apt):	
City / State / Zip:	
Birth Date:	
Today's Date:	
Contact Phone Number:	
Email:	
Are you a U.S. Citizen? [] Yes [] No Do you have	e proof of U.S. Citizenship? [] Yes No []
If not a U.S. citizen, do you have proof of legal right to work	in the U.S. ? [] Yes [] No
Driver's License Number:	
Social Security Number:	
Do you have a valid driver's license? [] Yes [] No	
Does your Motor Vehicle Record contain more than 6 Neglig	ent Operator Points over the past 5 years? [] Yes [] No
Do you give consent to Frank's Paddlesports Livery Co to cor	nplete a criminal history background check? [] Yes [] No
Do you give consent to Frank's Paddlesports Livery Co to cor	nduct a driving records check? (MVR Report) [] Yes [] No
Personal Information:	
What Position are you applying for? [] Customer Service	e Representative [] Operations Associate
If hired, would you have transportation to/from work? [] Y	es [] No
Are you over the age of 18? (If under 18, hire is subject to ve	rification of minimum legal age) [] Yes [] No
All positions require physical labor involving lifting and carry you have any physical impairments / disabilities that would	
Have you ever been convicted of a criminal offense (felony of	or misdemeanor)? [] Yes [] No
If Yes, please explain:	

^{**}Please be aware that no applicant will be denied employment solely on the grounds of a criminal offense. The nature, details, timing, surrounding circumstances and relevance of the offense to the position applied for, however, may be considered.



Education, Training and Experience

<u>High School and/or Collegiate Experience</u>		
School Name:	Number of years completed:	_
Did you graduate? [] Yes [] No	Degree / diploma earned:	-
Military Service		
Branch:	Rank in Military:	_
Total Years of Service:	Skills/duties:	-
Additional Details:		
Previous Employment / Professional References	<u>i</u>	
Name of Employer #1:		
Name of Supervisor:		
Phone Number:		
Address:		
Length of Employment:		
Reason for Leaving Job:		
Name of Employer #2:		
Name of Supervisor:		
Phone Number:		
Address:		
Job Title / Description:		
Length of Employment:		
Reason for Leaving Joh:		



Personal References Name#1: _____ Name#2: _____ Phone: _____ Phone: _____ Email: _____ Email: _____ Occupation: Occupation: _____ Relation to you: _____ Relation to you: _____ **Improv Time (Optional)** Tell us a little about yourself and why you're interested in working at Frank's Paddlesports Livery:



