

A.A.A. Tent Masters Application for Employment

Personal Information

Date _____

Name (Last Name First)

Social Security No.

Home Address

City

State

Zip Code

Phone #

Date of Birth

Referred By

Driver's License #

Employment Desired

Position Applying for:

Date You Can Start?

Salary Desired

Ever Applied at AAA Tent Masters Before? _____ When? _____

Are you Currently Employed? Y N Where _____

Can we contact? Y N Supervisors Name & Phone # _____

General Information

Have you had Tent Install Experience Before? Y N If so from where?

Do you have reliable transportation? Do you have the ability to work in WI & IL?

Below describe your positives as an employee:

What could you improve on as an employee?

Do you have any physical restrictions that could keep you from performing the physical job duties of this job? (A lot of heavy lifting, carrying, and lifting over shoulders is required)

Y or N? If so, Please Explain: _____

Have you ever been convicted of a felony? _____

If so, please specify : _____

Do you have the ability to work any hours? _____

If not, what days or shift are you limited? _____

Previous Work Experience:

Date Started/Ended Name of Employer Position Pay Rate

Duties Job Required

Reason for Leaving?

Date Started/Ended Name of Employer Position Pay Rate

Duties Job Required

Reason for Leaving?

Date Started/Ended Name of Employer Position Pay Rate

Duties Job Required

Reason for Leaving?

Education Received

Type of School Name and the City/State of School Attended Subject Graduate?

High School _____

College _____

Trade School _____

References

Name Phone Number Relation Yrs Known

Name Phone Number Relation Yrs Known

Name Phone Number Relation Yrs Known

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 contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any potential 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 representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative."

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date _____

Signature _____

Interviewed By _____

Date _____