

# EMPLOYMENT APPLICATION

All Applicants should be at least 16 years of age, and MUST be available Weekends & Holidays, including Sundays.



5368 South 1050 West, Riverdale, Utah 84405

**DRIVE-IN and SWAP MEET**

An Equal Opportunity Employer

NOTICE: This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, national origin, disability, or other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. This application will remain active for 30 days.

## PERSONAL INFORMATION

Name: \_\_\_\_\_            
First Middle Last Social Security Number

Address: \_\_\_\_\_  
Number & Street City State Zip

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
List Type: (Cell / Business / Parents / etc.)

- ◆ Are you over the age of 18? Yes  No  Are you eligible to work in the United States? Yes  No
- ◆ Have you ever forfeited bond, pleaded guilty or no contest to, been convicted of, or served time for any criminal office?  
 This does not include motor vehicle violations. Yes  No
- ◆ If so, provide the date, the offense, and the place where such forfeiture plea conviction occurred. \_\_\_\_\_
- ◆ Have you ever applied with this company before? Yes  No  When? \_\_\_\_\_
- ◆ Have you ever worked for this company before? Yes  No  When? \_\_\_\_\_
- ◆ Are you employed now? Yes  No  If so, may we contact your present employer? \_\_\_\_\_
- ◆ Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_
- ◆ Are you able to perform the essential functions of the job for which you are applying? Yes  No
- ◆ If "No," describe the functions that cannot be performed: \_\_\_\_\_

NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination and to skills and agility tests.

Work schedules may vary from week to week and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off.

- ◆ Date you can start work:
- ◆ Are you available to work weekends? Yes  No  If "No," please explain: \_\_\_\_\_
- ◆ Are you available to work Holidays? Yes  No  If "No," please explain: \_\_\_\_\_

Check the days you are available to work and list the times of your availability:	<input type="checkbox"/> MON _____	<input type="checkbox"/> TUE _____	<input type="checkbox"/> WED _____	<input type="checkbox"/> THUR _____	<input type="checkbox"/> FRI _____	<input type="checkbox"/> SAT _____	<input type="checkbox"/> SUN _____
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## EDUCATION

	Name of School & Address	Course of Study	Did you Graduate? Degree?	Total Years
High School				
College, Business, or Trade School				
Other				

- ◆ Please describe any other special courses, seminars, training sessions, or professional accomplishments which have been part of your overall education: \_\_\_\_\_
- ◆ What languages, other than English are you able to read, speak, or write? Please indicate your ability by (R) Read / (S) Speak / (W) Write: \_\_\_\_\_

## EMPLOYMENT RECORD

List each company for whom you have worked. Start with your most recent or present job and work backward.

If additional space is needed, attach a supplementary sheet.

NOTE: THIS SECTION MUST BE COMPLETED. A RESUME IS NOT A SATISFACTORY SUBSTITUTE.

#1) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates of Employment (Month / Year)	Reason for Leaving
From: _____ To: _____	
Rate of Pay: \$ _____ Per _____	Name of Supervisor: _____

#2) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates of Employment (Month / Year)	Reason for Leaving
From: _____ To: _____	
Rate of Pay: \$ _____ Per _____	Name of Supervisor: _____

#3) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates of Employment (Month / Year)	Reason for Leaving
From: _____ To: _____	
Rate of Pay: \$ _____ Per _____	Name of Supervisor: _____

### REFERENCES

Give the names and addresses of persons, other than relatives and supervisors already listed, who have knowledge of your experience and ability.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PLEASE READ CAREFULLY

Initials:	In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records, and/or criminal history. I authorize anyone processing this information to furnish Coleman's Motor-Vu Drive-In and Swap Meet (Company) with the information, and I release anyone providing such information from any and all liability and damages whatsoever in furnishing, obtaining, or using said information.
Initials:	I understand that any offer of employment is subject to and contingent upon successfully passing to the Company's satisfaction, its pre-employment drug test, security investigation, and any other qualifying test it may require.
Initials:	I have given true and complete information on the this application to the best of my knowledge with the understanding that such information will be relied upon in considering my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of my employment. I further agree that the Company shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.
Initials:	I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_