

Hampton Body Works / Hampton RV / Premier Towing

Employment Application

DATE: _____

PERSONAL INFORMATION:

Last Name:		First Name:		Middle Name:	
Street Address:		City / State:		Zip Code:	
Home Phone:		Cell Phone:			
Work Phone:		E-Mail Address:			
Social Security Number:		Date of Birth:			
Upon employment, can you show verification of your legal right to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain:	

POSITION APPLYING FOR:

Position Desired:		Hourly Rate Desired:		\$	
How were you referred?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other		If Other, please explain:	
Have you ever applied for employment with us before?:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License: (if yes, attach copy)	
Date Available to Start:		Resume: (if yes, attach copy)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION:

SCHOOL NAME	CITY / STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA / DEGREE
HIGH SCHOOL:			
COLLEGE:			
BUSINESS / TECHNICAL / TRADE SCHOOL:			
DESCRIBE OTHER JOB RELATED TRAINING / EXPERIENCE OBTAINED:			

WORK EXPERIENCE: *(begin with most recent position)*

EMPLOYER 1:		ADDRESS:		CITY / STATE:	
PHONE NUMBER:		SUPERVISOR:		MAY WE CONTACT:	
DATES EMPLOYED		START RATE OF PAY:		FINAL RATE OF PAY:	
FROM:	TO:	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WORK PERFORMED:					
REASON FOR LEAVING: <i>(be specific)</i>					

EMPLOYER 2:		ADDRESS:	CITY / STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING: <i>(be specific)</i>			

EMPLOYER 3:		ADDRESS:	CITY / STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING: <i>(be specific)</i>			

PERSONAL REFERENCES: (give names of three persons to whom you are not related)		
REFERENCE 1: NAME / ADDRESS	TELEPHONE:	YEARS KNOWN:
REFERENCE 2: NAME / ADDRESS	TELEPHONE:	YEARS KNOWN:
REFERENCE 3: NAME / ADDRESS	TELEPHONE:	YEARS KNOWN:

CONDITIONS FOR EMPLOYMENT:

<ol style="list-style-type: none"> The information that I have provided on this application is accurate and true to the best of my knowledge. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures. I agree, if requested, to be drug tested as terms for employment. <p>Signature: _____ Date: _____</p>
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Thank you for taking the time to complete our Employment Application!

OFFICE NOTES:

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