

ROBINETTE'S APPLICATION FOR EMPLOYMENT

(Please print clearly)

OFFICE USE ONLY

RATE _____ HIRED FOR _____

_____ Manager Copy _____ Folder Copy

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PERSONAL INFORMATION

Date: ____/____/____

Cell Phone Carrier _____

T-SHIRT SIZE _____

LAST NAME

FIRST NAME

MIDDLE

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

HOME PHONE

CELL PHONE

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

POSITION APPLIED FOR: _____

HAVE YOU EVER USED ANOTHER NAME FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? PLEASE SPECIFY.

DO YOU HAVE ANY FRIENDS OR RELATIVES WHO ARE PRESENTLY (OR WERE FORMERLY) EMPLOYED BY ROBINETTE'S?

HOW WERE YOU REFERRED TO ROBINETTE'S? _____

ARE YOU OVER 16 YEARS OF AGE? Y N

ARE YOU OVER 18 YEARS OF AGE? Y N

DO YOU HAVE RELIABLE TRANSPORTATION? Y N

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES ____ NO. IF YES, PLEASE EXPLAIN:

EDUCATIONAL HISTORY

HIGH SCHOOL

SCHOOL NAME/LOCATION YEARS COMPLETED DEGREE/DIPLOMA

COLLEGE

SCHOOL NAME/LOCATION YEARS COMPLETED DEGREE/DIPLOMA

OTHER

SCHOOL NAME/LOCATION YEARS COMPLETED DEGREE/DIPLOMA

EMPLOYMENT RECORD PLEASE INCLUDE ALL EMPLOYMENT FOR THE PAST FIVE YEARS (MOST RECENT LISTED FIRST). IF THIS IS YOUR FIRST JOB, PLEASE LIST TWO PERSONAL REFERENCES NOT INCLUDING RELATIVES.

1. _____
COMPANY NAME **POSITION HELD**

ADDRESS **DATES EMPLOYED (FROM- TO)**

MANAGER/SUPERVISOR **TELEPHONE** **WAGE/SALARY**

REASON FOR LEAVING

2. _____
COMPANY NAME **POSITION HELD**

ADDRESS **DATES EMPLOYED (FROM- TO)**

MANAGER/SUPERVISOR **TELEPHONE** **WAGE/SALARY**

REASON FOR LEAVING

WORK AVAILABILITY

WHEN WILL YOU BE ABLE TO BEING WORK? _____/_____/_____
 DO YOU HAVE ANY OBJECTION TO WORKING OVER-TIME? _____YES _____NO

PLEASE LIST THE TIMES YOU ARE AVAILABLE TO WORK:

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

DO THE FOLLOWING MATH PROBLEMS WITHOUT A CALCULATOR OR OUTSIDE HELP:

What is 6% sales tax on \$200.00? _____

If the customer's bill comes to \$2.75 and they hand you \$10.75, how much change do you give them? _____

If a customer hands you a \$10 bill and you need to make change, how can you make sure they don't try to trick you into thinking they gave you a \$20 bill while you are making change?

EMERGENCY CONTACT INFORMATION

_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP