

TIM'S BESTWAY FOODS

APPLICATION FOR EMPLOYMENT

NOTE: The information furnished in this application will be used to screen and select personnel for employment. All information is confidential. Only those persons fully completing this application will be considered for employment, even though furnishing information is voluntary.

NAME: FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

POSITION APPLIED FOR:

ADDRESS

ZIP CODE

LOWEST SALARY ACCEPTABLE:

DATE AVAILABLE FOR WORK:

PHONE:

Do you have any disabilities or handicaps which may impair your ability to perform assigned job duties? _____

Have you ever suffered an on the job injury or illness _____ Detail; _____

Since age 16, have you ever been arrested, charged or held for violation of any law except for minor traffic violations? _____

Have you ever been discharged or removed from employment because of unsatisfactory conduct or work?
_____ If yes, give details; _____

Will you have any special circumstances or other jobs which might prevent you from working all scheduled work hours? _____ If so, detail; _____

Will you have any problems working weekend? _____ If so, detail; _____

Do you have any special skills or experience which would make you more qualified than the other applications?
_____ If so, detail; _____

What made you decide to apply for this position? _____

REFERENCES

NAME	ADDRESS	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED OR CREDITS EARNED
HIGH SCHOOL		
COLLEGE		
TRADE OR BUSINESS		
OTHER		

EXPERIENCE

(Start with current or most recent position and work back)

1. Employer's Name and Address: _____
Title or Position: _____ Date of Employment: From _____ To _____
Hours Worked Per Week: _____ Salary: _____ Reason for Leaving _____
Description of Work: _____

2. Employer's Name and Address: _____
Title or Position: _____ Date of Employment: From _____ To _____
Hours Worked Per Week: _____ Salary: _____ Reason for Leaving _____
Description of Work: _____

3. Employer's Name and Address: _____
Title or Position: _____ Date of Employment: From _____ To _____
Hours Worked Per Week: _____ Salary: _____ Reason for Leaving _____
Description of Work: _____

--If more room is needed for this section please use back of page--

FAMILY INFORMATION

Name of person to notify in case of emergency? _____
Phone: _____ Address _____
Alternate person to notify: _____
Phone: _____ Address _____

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and beliefs.

Signature of Applicant Date

RETURN APPLICATION TO TIM COMBS, TIM'S BESTWAY FOODS

**This application will be kept of file for 60 days from time of date received. Date _____