



Application for Employment

General Information

| | | | | |
|---------------------------|---------|--|----------------|-----------------|
| Name (Last) | (First) | (Middle Initial) | Home Telephone | |
| Address (Mailing Address) | (City) | (State) | (Zip) | Other Telephone |
| E-mail (Address) | | Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Position

| | | |
|---|---|--|
| Position or Type of Employment Desired | Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary | Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Salary Desired | Salary Desired | |
| Were you Referred by a Current Employee if so who? | | |

College, Business School, Military (Most Recent First)

| Name and Location | Dates Attended Month/Year | Credits Earned | | Graduate | Degree & Year | Major or Subject |
|---|------------------------------|------------------------------|--------------------|------------------------------|------------------|---------------------|
| | | Quarterly or Semester Hrs | Other (Specify) | | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| Occupational License, Certificate or Registration | | Number | Where Issued | | Exp. Date | |
| Occupational License, Certificate or Registration | | Number | Where Issued | | Exp. Date | |
| Languages Read, Written or Spoken Fluently Other Than English | | | | | | |

Special Skills (List all pertinent skills and equipment that you can operate)



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Work Experience (Most Recent First) (Include Voluntary Work and Military Experience)

| | | |
|--------------------|--|-------------------|
| Employer | Telephone Number | From (Month/Year) |
| Address | | To (Month/Year) |
| Title | Number of Employees Supervised | Hours Per Week |
| Specific Duties | | Last Salary |
| | | Supervisor |
| Reason for Leaving | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------|--|-------------------|
| Employer | Telephone Number | From (Month/Year) |
| Address | | To (Month/Year) |
| Title | Number of Employees Supervised | Hours Per Week |
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| | | Supervisor |
| Reason for Leaving | May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
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I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: _____ **Date:** _____

Were you referred by a current employee? If so who?

Interviewer's Comments: _____



Application for Employment
Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Lucky 21 and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Lucky 21 or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Lucky 21 and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumers right will be provide to me.

Please Print Clearly

1. **Name (Full)** _____
2. **Maiden Last Name** _____
3. **Print all Former Names Used** _____
4. **Social Security Number** _____ - _____ - _____
5. **Sex** _____



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6. Race _____
7. Date of Birth _____ - _____ - _____
8. Telephone Number _____
9. Current Street Address _____
10. City: _____, State _____, Zip _____
11. Drivers License Number _____ State Issued _____
12. Name on Drivers License _____
13. May we contact your employers? _____
14. May we contact your supervisors? _____
15. Prior residence, past seven (7) years
- a. _____
- b. From: _____ To: _____
- c. _____
- d. From: _____ To: _____
16. Have you ever been convicted of or pled guilty or no contest to a criminal charge?
- a. Yes _____ No _____
- b. If yes Explain: _____
17. Are you currently awaiting trial, sentencing or disposition of a criminal charge?
- a. Yes _____ No _____



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18. Have you been a defendant in a civil action for intentional tort(s)? (Intentional torts

include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, coercion)? Yes _____ No _____

If you answered yes to numbers 17, 18, or 19 provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status Below:

Please Explain. If more space is needed, add supplemental sheets.

By signing below, you are certifying that the above information is true and correct.

Signature: _____

Date: _____