

APPLICATION FOR EMPLOYMENT

Venue: _____

Personal Information

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

DRIVERS LICENSE NUMBER: _____ EXPIRATION DATE _____

PRESENT ADDRESS _____
Street

CITY _____ STATE _____ ZIP _____

PHONE NO. (PRESENT) _____

PERMANENT ADDRESS _____
Street

CITY _____ STATE _____ ZIP _____

PHONE NO (PERMANENT) _____ REFERRED BY _____

ARE YOU 21 YEARS OF AGE? ____ YES ____ NO (EMPLOYMENT IS SUBJECT TO VERIFICATION OF AGE)

HAVE YOU EVER BEEN EMPLOYED BY MACAW ENTERPRISES? ____ YES ____ NO

IF YOU HAVE EVER BEEN EMPLOYED BY MACAW ENTERPRISES, INC. WHERE & WHEN _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ____ YES ____ NO

(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

EMPLOYMENT DESIRED _____

DATE YOU CAN START _____ SALARY DESIRED _____ PRESENT SALARY _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION NAME & LOCATION OF SCHOOL HIGHEST GRADE PASSED SUBJECT STUDIED

GRAMMER SCHOOL _____

HIGH SCHOOL _____

COLLEGE _____

TRADE, BUSINESS, OR
CORRESPONDENCE SCHOOL _____

GENERAL

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? ____ YES ____ NO

(CONVICTION MAY BE RELEVANT IF JOB RELATED; DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN: _____

DO YOU CURRENTLY HAVE A LIQUOR LICENSE? ____ YES ____ NO

FORMER EMPLOYERS (List Below Last Three Employers, Last One First)

1.

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE & DESCRIBE WORK DONE	REASON FOR LEAVING

2.

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE & DESCRIBE WORK DONE	REASON FOR LEAVING

3.

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE & DESCRIBE WORK DONE	REASON FOR LEAVING

REFERENCES: list below the names of three persons not related to you whom you have known at least one year

NAME	ADDRESS	TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED
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1. _____
2. _____
3. _____

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPERATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED. FURTHERMORE, I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME. I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND THE SECURE ADDITIONAL INFORMATION ABOUT ME, INCLUDING BUT NOT LIMITED TO CREDIT WORTHINESS, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORTATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. THIS APPLICATION IS CURRENT FOR ONLY 90 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION. I UNDERSTAND THE TERMS AND CONDITIONS SETFORTH IN THIS APPLIACION AND THE WORK REQUIRED FOR THE DESIRED POSITION

SIGNATURE _____ DATE ____/____/____

SIGNATURE OF APPLICANT _____ DATE ____/____/____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. MY TWO (2) STRONGEST POINTS ARE:

1.

2.

2. MY WEAKEST POINT IS:

3. LIST FIVE (5) WORDS THAT BEST DESCRIBE YOURSELF

1.

2.

3.

4.

5.

Daily Availability

MON

TUES

WED

THURS

FRI

SAT

**** FOR OFFICE USE ONLY ****

HIRED DATE _____

POSITION _____

HOURLY WAGE _____

HOURS AVAILABLE _____

REFERENCES CHECKED _____

ORIENTATION DATE _____

(Remind employee to bring money order, drivers license, social security card & birth certificate)

FIRST TRAINING DATE _____

**** IN CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING: ****

(please indicate name, address, & phone number of someone in the immediate family)

NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

PHONE NUMBER: _____