



APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION - PLEASE PRINT CLEARLY

FIRST NAME _____ MIDDLE _____ LAST NAME _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

SOCIAL SECURITY NO. _____ EMAIL _____

• CURRENT ADDRESS

NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____

• PERMANENT ADDRESS (If different from current address)

NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR: _____

• WHAT TYPE OF EMPLOYEMENT ARE YOU SEEKING? FULL-TIME PART-TIME SEASONAL • WILL YOU WORK SHIFTS? YES NO

DAYS AVAILABLE _____ HOURS AVAILABLE _____

PREFERRED START DATE _____ PREFERRED NO. OF HOURS PER WEEK _____

• HOW DID YOU HEAR ABOUT THIS POSITION? _____

• HAVE YOU EVER APPLIED TO OR WORKED FOR FOX & GOOSE PREVIOUSLY? YES NO IF YES, WHEN? _____

• DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR FOX & GOOSE? YES NO IF YES, STATE NAME(S) AND RELATIONSHIP:

NAME _____ RELATIONSHIP TO YOU _____

NAME _____ RELATIONSHIP TO YOU _____

• WHY ARE YOU APPLYING FOR WORK AT FOX & GOOSE? _____

• IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

• ARE YOU AT LEAST 18 YEARS OLD? (If under 18, hire is subject to verification that they are of minimum legal age.) YES NO

• IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO

• ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH ARE YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED _____

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants' employees to perform essential functions. Hire may be subject to passing a medical examination, and a skill and agility test.)



EDUCATION, TRAINING AND EXPERIENCE

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLENTLY? _____

READ FLUENTLY? _____ WRITE FLUNENTLY? _____

SCHOOL	NAME & ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL	_____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip Code</i>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
COLLEGE/ UNIVERSITY	_____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip Code</i>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
COLLEGE/ UNIVERSITY	_____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip Code</i>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
VOCATIONAL/ BUSINESS	_____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip Code</i>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
HEALTH CARE TRAINING	_____ <i>Name</i> _____ <i>Address</i> _____ <i>City, State, Zip Code</i>	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____



EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT FOR THE LAST FIVE (5) YEARS STARTING WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF EMPLOYMENT AND GAPS IN YOUR EMPLOYMENT HISTORY. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME. USE ADDITIONAL PAPER AS NEEDED.

CURRENT EMPLOYER (COMPANY) _____

TYPE OF BUSINESS _____ SUPERVISOR'S NAME _____

NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____ FAX _____

START DATE _____ END DATE _____

POSITION & DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

PREVIOUS EMPLOYER (COMPANY) _____

TYPE OF BUSINESS _____ SUPERVISOR'S NAME _____

NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____ FAX _____

START DATE _____ END DATE _____

POSITION & DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

PREVIOUS EMPLOYER (COMPANY) _____

TYPE OF BUSINESS _____ SUPERVISOR'S NAME _____

NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____ FAX _____

START DATE _____ END DATE _____

POSITION & DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO



PERSONAL REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE (3) YEARS.

NAME _____ RELATIONSHIP TO YOU _____
 NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ PHONE _____
 OCCUPATION _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP TO YOU _____
 NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ PHONE _____
 OCCUPATION _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP TO YOU _____
 NO. & STREET _____ CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ PHONE _____
 OCCUPATION _____ YEARS KNOWN _____

PLEASE READ THE FOLLOWING CAREFULLY, INTIAL EACH PARAGRAPH AND SIGN BELOW:

INTIAL _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

INTIAL _____ I hereby authorize Fox & Goose to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

INTIAL _____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself of the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

INTIAL _____ Should a search of public records (including, but not limited to, records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to a copy of any such public records obtained by the Company unless I make the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described herein.

 APPLICANT'S NAME (PRINT)

 APPLICANT'S SIGNATURE

 DATE