

CHECK ONE:

Hearths A'Fire

Tom Howard Construction

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Present Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Position Applying For: _____

What hours are you available to work? a.m. p.m. Are you available for overtime if needed? Yes No

What days of the week are you available? Sun Mon Tue Wed Thu Fri Sat

Types of employment preferred: Full-time, permanent Full-time, temporary until _____

Part-time, permanent Part-time, temporary until _____

If you are under 18 years of age, are you able to furnish a work permit? Yes No

Are you legally authorized to work in the United States? Yes No

Do you have a currently valid motor vehicle operator's license? Yes No

If so, State: _____ Number: _____ Class: _____ Expiration Date: _____

EDUCATION:

School	Name & Location of School	Diploma/Degree	Course of Study
High School			
Equivalency Program			
Vocational or Technical Schools			
Colleges or Universities			
Other Training or Military Schools			

Special skills, qualifications, training or certificates: _____

Job-Related organizations, hobbies or awards: _____

EMPLOYMENT EXPERIENCE:

Please complete all items, even if you've already provided a resume. List all job history, starting with your current or most recent position. Include military experience, summer or part time jobs, internships, volunteer work, etc. This information will be used to determine if your application is accepted. Be specific and try to provide all history, without gaps, for the past ten years. List any changes in job title under the same employer as a separate position. Use additional pages if needed.

Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____

EMPLOYMENT EXPERIENCE, continued:

Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____
Employer	Kind of Business	Street Address
Your Title(s)	Reason for Leaving	City, State, Zip
Your Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From (Month & Year) To (Month & Year)
		Salary: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
		Beginning \$ _____ Ending \$ _____

- Were you ever discharged from any employment except for lack of work, funds, disability or medical condition? Yes No
- Did you ever resign from any employment rather than face dismissal? Yes No
- Did you ever receive a discharge from the Armed Forces of the U.S. under other than honorable conditions? Yes No
- Do you have an arrest or criminal accusation currently pending against you? *(please explain)* Yes No
- Have you ever been convicted of a criminal offense (felony, misdemeanor or violation)? *(please explain)* Yes No

Answering YES may or may not preclude employment depending on the nature of the criminal offense, its relationship to the position sought, and other factors that must be considered before employment may be lawfully denied based on prior convictions. You should answer NO if:

- Your conviction(felony, misdemeanor or violation) was sealed by a court of law, or*
- The criminal action or proceeding was terminated in your favor, e.g. was dismissed, you received an adjournment in contemplation of dismissal and the adjournment period has elapsed, you were acquitted, or*
- The proceeding on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act, or*
- After completing a treatment program, your plea to a felony or misdemeanor was withdrawn and you were resentedenced to a violation which was sealed by the court or the completion of the program resulted in a dismissal of all charges by the court.*

AFFIRMATION AND REFERENCE AUTHORIZATION:

I affirm that all statements made by me on this form, including attached papers, are true and correct to the best of my knowledge. I understand that falsification or omission of information is cause for dismissal from employment. I also agree to authorize any former or current employer, military records center, or school to provide any and all information including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ **Date:** _____