

**ROSIE O'GRADY'S, INC.**  
APPLICATION FOR EMPLOYMENT



**APPLICANT INFORMATION**

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone(s)				E-mail Address							
Date Available				Social Security No.				Desired Rate			
<b>Position Applied for</b>	Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Circle Days Available: Sun Mon Tue Wed Thu Fri Sat										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Are you a current user of illegal drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

**EDUCATION**

<b>High School</b>				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
<b>College</b>				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
<b>Other</b>				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

**REFERENCES**

*Please list three professional work related references. Do not include family members/relatives:*

<b>Full Name</b>				Relationship							
Company				Phone							
Address											
<b>Full Name</b>				Relationship							
Company				Phone							
Address											
<b>Full Name</b>				Relationship							
Company				Phone							
Address											

**PREVIOUS EMPLOYMENT**

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation, falsification or omission of this application or interview shall be sufficient reason for refusal or dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by Rosie O'Grady's, Inc. may be terminated immediately. I agree to conform and adhere to the policies & procedures of Rosie O'Grady's, Inc. and its subsidiary operations. Furthermore, I understand and agree that this application and any other materials I receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either Rosie O'Grady's, Inc. or myself. Any losses or expenses incurred by the Company, its clientele or any other third parties as a result of my unauthorized actions shall be immediately reimbursed on terms satisfactory and accepted by the Company. To the extent permitted by law, I agree and hereby authorize the Company to reduce my wages for any sums owing by me hereunder. I fully understand the Company performs and requires random drug testing as well as testing for cause.

**I UNDERSTAND AND AGREE. INITIALS \_\_\_\_\_**

Signature

Date