

KICKS APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, non-discriminating in employment on any basis including race, color, sex, age, religion, or national origin.

Personal Information: Date: _____ Social Security: _____

Date of Birth: _____ Age: _____ Drivers License: _____

TABC Certified: _____ Certification Exp. Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Phone Number: _____ E-mail: _____
List the relationship, if listing someone else's phone.

Married Status: _____ Dependents _____ Transportation _____
M/S # How will you be getting to work?

Referred by: _____ Position Desired: _____

Date You Can Start: _____ Desired Salary: _____

Currently Employed: _____ If so, may we inquire at your current job? _____
YES/NO YES/NO

Applied with us before? _____ Where: _____ When: _____
YES / NO LOCATION DATE

Education: Name and Location of Schools Attended Years Attended Special Subjects or Degree

| | | | |
|------------------|-------|------------|-------|
| Grammar School: | _____ | | |
| High School: | _____ | 1 2 3 4 G | |
| College: | _____ | 1 2 3 4 G_ | _____ |
| Other Education: | _____ | 1 2 3 4 G | _____ |

Any special subjects related to your future employment: _____

Former Employment: List Your Last Four Employers Starting With The Last One First.

| Mo / Dy/ Yr | Name, Address, & Contact info | Salary | Position | Reason for leaving |
|-------------|-------------------------------|--------|----------|--------------------|
| From | _____ | _____ | _____ | _____ |
| To | _____ | _____ | _____ | _____ |
| From | _____ | _____ | _____ | _____ |
| To | _____ | _____ | _____ | _____ |
| From | _____ | _____ | _____ | _____ |
| To | _____ | _____ | _____ | _____ |
| From | _____ | _____ | _____ | _____ |
| To | _____ | _____ | _____ | _____ |

LEGAL HISTORY: Have you ever been convicted, or pled guilty or no contest to, a misdemeanor felony offense?
Yes / No If yes , provide details, final court ruling, and current status below.

References: Give the names of three persons not related to you but you have known at least one year.

Name Address Business & Phone # Years Known

1. _____
2. _____
3. _____

Physical Condition:

Each employee is expected to lift & carry heavy items and to be able to stand on their feet for prolonged periods of time. Do you have any physical condition which may limit your ability to perform the job you applied for? _____ yes / no. If yes, please detail in the space below. (This question is voluntary, answers will be confidential.)

In case of emergency:

Name _____ Address _____ Phone Number _____

I authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date: _____ **Signature:** _____

Employer Information : DO NOT write below this line!

Interviewed by : _____ **Date :** _____

Remarks : _____

Neatness : _____ **Ability :** _____

Experience : _____ **Personality :** _____

Reference Confirmation : _____ **Recommendation :** _____

