



2901 Parnell Ave. Fort Wayne, IN 260-483-4383 www.ReferralCarpetCare.com

## Application For Employment

### I'm Really Interested In Working For Referral, What Do I Do Now?

Your next step is to get some information into my hands that will allow me to learn more about you. Please answer the following questions for me. Take some time and be honest, this can be a valuable learning experience for you as well.

### Standard Job Application Information:

Position applying for \_\_\_\_\_

Seeking  Full-time or  Part-time position

Available to work (check all that apply):  Days  Evenings/Weekends

Are you restricted to working Certain Hours?  No  Yes If yes, list hours available:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

Are you restricted to working Certain Days?  No  Yes If yes, check days available:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes  No

Are you employed now?  Yes  No

How soon would you be available for employment? \_\_\_\_\_

Salary desired: \_\_\_\_\_

Have you applied to this company before?  Yes  No If so, when? \_\_\_\_\_

How long do you plan to live in the Fort Wayne area? \_\_\_\_\_

**Education:**

**Name of Elementary School** \_\_\_\_\_

City/State: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

Did you graduate?  No  Yes (Use reverse side for additional grammar schools attended.)

**Name of High School:** \_\_\_\_\_

City/State: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

Did you graduate?  No  Yes (Use reverse side for additional high schools attended.)

**Name of College:** \_\_\_\_\_

City/State: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

Did you graduate?  No  Yes If so, degree earned: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

**Name of Trade School:** \_\_\_\_\_

City/State: \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_

Did you graduate?  No  Yes If so, degree earned: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

(Use reverse side for additional trade schools.)

Other certifications or skills: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Most Recent Position Held:**

Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Awards/Recognitions: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the above Supervisor for a Reference?  No  Yes

If not, why? \_\_\_\_\_

**Previous Position:**

Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Awards/Recognitions: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the above Supervisor for a Reference?  No  Yes

If not, why? \_\_\_\_\_

**Previous Position:**

Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Awards/Recognitions: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the above Supervisor for a Reference?  No  Yes

If not, why? \_\_\_\_\_

**Character References** (list people who have known you for at least one year and who are not related to you):

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ # of years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ # of years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ # of years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ # of years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you been convicted of an offense, other than a minor traffic violation?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are you able to lift 125 pounds safely?  Yes  No

If not, please explain: \_\_\_\_\_

Do you have any other limitations that may prevent you from working with equipment and moving furniture?

Yes  No If yes, please explain: \_\_\_\_\_

Do you have allergies to chemicals, pets or others?  Yes  No If yes, explain \_\_\_\_\_

Do you have any computer / software experience or skills?  Yes  No If yes, Explain: \_\_\_\_\_

Do you have a valid Indiana driver's license?  Yes  No Drivers License # \_\_\_\_\_

Do you have a good driving record?  Yes  No When completed have interviewer copy your license

In the past 3 years do you have any

Speeding tickets  Yes  No Red Light  Yes  No DUI  Yes  No Accidents  Yes  No

Do you have your own transportation to and from work?  Yes  No

If a problem occurs with your car would you make alternate arrangements to get to work?  Yes  No

Do you have a telephone?  Yes  No

Do you smoke?  Yes  No

We have a non smoking policy, do you promise to abstain from smoking during business hours?  Yes  No

**Drug Screening/Background Check Authorization:** I hereby authorize Referral Cleaning and Restoration Inc. to conduct a background check. I understand that I will have drug screening prior to employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

**Signature**

**Date**

---