

Rocky's

APPLICATION FOR EMPLOYMENT

Return in person to: Rocky's Hwy 98 Perry or US 221 N Shady Grove
Mail to: 88 Ellison Frith Rd, Perry, FL 32347

POSITION APPLIED FOR: _____

General Instructions:

- **Your Application will not be considered unless all areas are complete and accurate.**
- **We require your date of birth, social security number and drivers license number for background investigation.**
- **All information submitted is subject to verification.**

Full Name: _____

Social Security #: _____ DOB ____ / ____ / ____

Drivers License #: _____

Address: _____

Home #: _____ Cell #: _____

Check the following as it applies to you:

Type of Work: FULL PART TEMP

Days: MON TUES WED THURS FRI SAT SUN

Hours Available: _____

Term Intended (how long will you stay with the company)

3-6 months 6 months -1 + year 2-3 years 3 + years

PLEASE CHECK THE CORRECT ANSWER TO THE FOLLOWING:

Yes No Are you a tobacco user?

Yes No Would you be using any type of tobacco products while at work?

Yes No Have you ever been convicted of a felony or misdemeanor?

If Yes, please explain in detail: _____

Yes No Will you provide great customer service?

Yes No Are you currently employed?

Yes No Our retail positions require prolonged walking and/or standing continuously. They also require that employees assist with merchandise stocking and replenishing which requires frequent bending, stooping, crouching, reaching, balancing, pushing/pulling and lifting products/material weighing 40 lbs or more. Are you able to satisfy this job requirement?

Yes No Have you been fired or asked to resign?

If Yes, please explain in detail: _____

What date are you available to begin work, If hired?: _____

Please list 2 current or previous co-workers and their phone number:

EDUCATION**HIGH SCHOOL:**

Name/Location of School: Diploma: _____ Other: _____ None: _____

COLLEGE/TRADE SCHOOL/ETC:

Name/Location of School: Diploma: _____ Other: _____ None: _____

WORK EXPERIENCE**Begin with your most recent****Company Name:****Supervisor:**

Address:

Phone number:

Job Title:

Starting salary:

Ending Salary:

Employed

to

Job Description:

Reason for Leaving:

Company Name:**Supervisor:**

Address:

Phone number:

Job Title:

Starting salary:

Ending Salary:

Employed

to

Job Description:

Reason for Leaving:

Company Name:**Supervisor:**

Address:

Phone number:

Job Title:

Starting salary:

Ending Salary:

Employed

to

Job Description:

Reason for Leaving:

REFERENCES**Do not list Relatives or friends**

Name:

Telephone #:

Address:

Relationship:

Name:

Telephone #:

Address:

Relationship:

Application Certification:

I certify that this entire application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand falsification or misstatements of this information are grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damage that may result from furnishing such information to you. I acknowledge my employment is at will and I further acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of my employer or myself.

APPLICANTS SIGNATURE: _____ DATE: _____

Background Investigation Disclosure and Authorization:

This is to notify you that in connection with your application for employment or during the course of your employment, we may procure a consumer report on you as part of the process of considering your application and/or evaluating your suitability for employment, promotion, reassignment or retention as an employee. Such a report, if obtained, will be prepared by a consumer reporting agency. The types of reports that may be requested, include, but are not limited to, credit reports, criminal record reports, motor vehicle records, court record reports, and/or summaries of educational and employment records and histories.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you.

If we intend to make or do make an adverse decision with regard to your application or employment (if any) based entirely or in part on the information contained in a consumer report, you will be notified as required by applicable state and/or federal law. In addition, law requires your consent before we may obtain a consumer report or investigative consumer report pertaining to your potential employment or actual employment.

By signing below, you grant ROCKY'S the authority to conduct any background investigations, including, but not limited to, credit reports, criminal record reports, court record reports, motor vehicle reports, and/or summaries of educational and employment records and histories, either in connection with your job application, or in connection with any future decisions concerning your employment, promotion, reassignment or retention as an employee of ROCKY'S. You further grant ROCKY'S the authority to verify all information you have provided to ROCKY'S. You also authorize all entities having information about you, including present and former employers, criminal justice agencies, departments of motor vehicles, school and credit reporting agencies, to release such information to ROCKY'S or to any firm retained by ROCKY'S to conduct employee investigations.

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run subsequent consumer reports and /or investigative consumer reports on an as-needed basis. A photocopy of facsimile of this Notice and Authorization form shall be considered as effective and valid as the original.

APPLICANT SIGNATURE _____ DATE _____

Drug Test Consent:

As a prospective employee of ROCKY'S ("the Company"), understand that the use of drugs, alcohol and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug tests it considers necessary as outlined in its Drug Test policy. I understand that this drug test is a condition for employment. I hereby allow the Company to take the specimens from me to test for any controlled substances, and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers and successors from any liabilities, claims and caused of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood the agreement, and I sign this without any coercion or duress by any individual or institution.

APPLICANT SIGNATURE _____ DATE _____