



ROCKWOODS

Crafting Fine Food & Celebrations

Employment Application

Position(s) you are applying for: _____ Today's Date: _____

Applicant Information

Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date available to start: _____ Desired Wage: \$ _____

General Availability: *Please place an 'X' in the boxes when you will be AVAILABLE to work*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

Are you a citizen of the United States? Yes ___ No ___

If no, are you authorized to work in the US? Yes ___ No ___

Have you ever worked for Rockwoods, Black Woods, or Lord Fletcher's in the Past? Yes ___ No ___

If yes, when? _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, explain: _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___

Post-Secondary: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Professional References

Name: _____ Phone: _____

Relationship _____

Name: _____ Phone: _____

Relationship _____

Name: _____ Phone: _____

Relationship _____

Previous Employment

Company: _____ City, State: _____

Phone: _____ From: _____ To: _____ Job Title(s): _____

Responsibilities: _____

Reason for leaving: _____

May we contact you previous Supervisor for a reference? Yes ___ No ___

If Yes, Supervisor's Name: _____ Direct Phone: _____

Company: _____ City, State: _____

Phone: _____ From: _____ To: _____ Job Title(s): _____

Responsibilities: _____

Reason for leaving: _____

May we contact you previous Supervisor for a reference? Yes ___ No ___

If Yes, Supervisor's Name: _____ Direct Phone: _____

Company: _____ City, State: _____

Phone: _____ From: _____ To: _____ Job Title(s): _____

Responsibilities: _____

Reason for leaving: _____

May we contact you previous Supervisor for a reference? Yes ___ No ___

If Yes, Supervisor's Name: _____ Direct Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of Discharge: _____

Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____