



THE CARRIAGE COMPANY
 EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

OFFICE USE ONLY
 INTERVIEWED BY:
 DATE:
 COMMENTS:

DAY/DATE:		POSITION:	
FIRST:		LAST:	
EMAIL:		PHONE 1:	
STREET ADDRESS:		PHONE 2:	
CITY/STATE/ZIP:		SS#:	

CIRCLE ONE:

ARE YOU UNDER 21 YEARS OF AGE? YES NO IF YES, STATE YOUR BIRTHDATE: _____

DO YOU HAVE A VALID TN, MS, OR AR DRIVER LICENSE? YES NO

HAS YOUR LICENSE EVER BEEN SUSPENDED? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU APPLIED HERE BEFORE? YES NO IF YES, WHEN? _____

CAN YOU FURNISH PROOF OF YOUR RIGHT TO WORK IN THE USA? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO

IF YES, PLEASE EXPLAIN: _____

*Please note that conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each individual will be considered with respect to time and relevant factors.

HOW DID YOU LEARN ABOUT THE CARRIAGE COMPANY? _____

What qualifications, skills, or training do you have which make you feel suited to work for us?

<u>ARE YOU CURRENTLY IN SCHOOL?</u> YES NO		<u>IF YES: DAY OR EVENING CLASSES?</u>				
Hours available:						
SUN	MON	TUE	WED	THU	FRI	SAT

Would you like to work: full time part time Shifts preferred: night day

ARE YOU ABLE TO WORK ON HOLIDAYS? YES NO EXCEPTIONS: _____

EDUCATION:

SCHOOL	LOCATION	FOCUS	GRADUATE?

EMPLOYMENT/REFERENCE HISTORY (FIRST TO LAST):

NAME OF COMPANY:	PHONE #:	REASON FOR LEAVING:
EMPLOYED (MONTH/YEAR) FROM: TO:	DESCRIBE YOUR WORK:	
NAME OF COMPANY:	PHONE #:	REASON FOR LEAVING:
EMPLOYED (MONTH/YEAR) FROM: TO:	DESCRIBE YOUR WORK:	
NAME OF COMPANY:	PHONE #:	REASON FOR LEAVING:
EMPLOYED (MONTH/YEAR) FROM: TO:	DESCRIBE YOUR WORK:	
REFERENCE #1 NAME:	PHONE #:	RELATION:
REFERENCE #2 NAME:	PHONE #:	RELATION:

"I certify that the information given herein is 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 above 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. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

"By signing below, I certify that I understand I am subject to be drug tested AT ANY TIME before or during my employment with The Carriage Company."

Signature of Applicant: _____ Date: _____

<p>FOR OFFICE USE ONLY:</p>	<p>ATTACH COPY OF DRIVER LICENSE/ID:</p>
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