

**Application for Employment**

**Art Pancake's Rent-All, Inc.**

**5025 Nolensville Road/392 Haywood Lane**

**Nashville, TN 37211**

PERSONAL DESCRIPTION

Full Name:

\_\_\_\_\_

*First*

*Middle*

*Last*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Present Address:

\_\_\_\_\_

\_\_\_\_\_

How many addresses have you had in the last five years? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issues \_\_\_\_\_

Expires \_\_\_\_\_

If hired, do you have a reliable means to work? \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_ YES \_\_\_\_ NO

If NO, do you have the legal right to work in the U.S.? (i.e. a green card) \_\_\_\_ YES \_\_\_\_ NO

EMPLOYMENT DATA

*I understand that any false answers, statements, or other required documents shall be considered sufficient cause for denial of employment or discharge.*

1. Are you seeking \_\_\_\_\_ Temporary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time
2. Can you be at work at 7:30 AM? \_\_\_\_ YES \_\_\_\_ NO
3. Can you work every Saturday? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Are you presently on layoff and subject to recall? \_\_\_\_ YES \_\_\_\_ NO
5. How many days in the last twelve months have you missed work? \_\_\_\_\_
6. Other than being sick, what are the reasons you cannot get to work on time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your references going to say your strength and weaknesses are?  
\_\_\_\_\_  
\_\_\_\_\_
8. How did you learn your last job?  
\_\_\_\_\_  
\_\_\_\_\_
9. How would you like to learn this one?  
\_\_\_\_\_
10. Do you like being told what to do? \_\_\_\_ YES \_\_\_\_ NO
11. Are you in the middle of a divorce? \_\_\_\_ YES \_\_\_\_ NO
12. What percentage of the time do you wear your seatbelt? \_\_\_\_\_
13. Will you accept company recommended medical facilities for work related injuries?  
\_\_\_\_ YES \_\_\_\_ NO

14. List your past three (3) places of employment

CURRENT EMPLOYER

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

May we call your present employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Why do you want to change employers?

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYER

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Reason for Leaving:

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PREVIOUS EMPLOYER

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address:

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Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Reason for Leaving:

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May we contact employers listed above? \_\_\_\_ YES \_\_\_\_ NO

In case of emergency notify: (NAME) \_\_\_\_\_

(PHONE) \_\_\_\_\_

(RELATIONSHIP) \_\_\_\_\_

15. Do you have any physical, mental, or medical impairments or regularly use any drugs or medication which might interfere with your ability to perform or would require reasonable accommodation for the job which you are applying for? \_\_\_\_\_ YES \_\_\_\_\_ NO

16. Desired Salary: \_\_\_\_\_

17. Least acceptable salary: \_\_\_\_\_

EDUCATION

*(Please circle highest attended)*

Elementary: 1 2 3 4 5 6 7 8    High School: 9 10 11 12    G.E.D.

Name and City:

\_\_\_\_\_

College: 1 2 3 4    Name and City:

\_\_\_\_\_

Degree and Major:

\_\_\_\_\_