

Early's Carpet, Inc.

P.O. Box 21
14574 Lee Highway
Amissville, VA 20106
540-937-5500

Application for Employment

Date _____

Personal Information

Name (Last name first) _____ Social Security No. _____
Current Street Address _____ City _____ Zip _____
Previous Street Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____

Are you over the age of 18? Yes No Are you authorized to work in the U.S.? Yes No

Did you ever serve in the U.S. military? Yes No

Have you been convicted of a felony? Yes No

Details _____

Position Desired

Position Applying For _____ Date you can start _____ Salary Desired _____

Are you presently employed? Yes No May we contact your current employer? Yes No

Education

	Name and Address	Years Attended	Degree or Area of Study
College or Trade School			
High School			

Special Studies and Certifications Held

Employment History (start with most recent, first)

		Name and Address	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

References

Give the names of three persons, not related to you, which you have known for at least one year.

Name	Address	Phone Number	Years Known

Authorization

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 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.

Signature _____

Date _____