

Straight Line Fence, LLC

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APPLICATION FOR EMPLOYMENT

LAST NAME			FIRST NAME			MIDDLE INITIAL			DATE											
STREET ADDRESS						CITY/STATE			ZIP CODE			PHONE NUMBER:								
POSITION DESIRED (CHECK ONE) INSTALLER/OTHER <input type="checkbox"/> CREW LEADER/FOREMAN <input type="checkbox"/>						WAGE/SALARY DESIRED:						FULL TIME OR PART TIME?								
DATE YOU CAN BEGIN WORK?						ARE YOU 18 YEARS OF AGE OR OLDER?						DO YOU HAVE A VALID DRIVER'S LICENSE?								
NAME OF HIGH SCHOOL ATTENDED:									CITY & STATE			DID YOU GRADUATE OR OBTAIN YOUR GED?								
NAME OF COLLEGE OR TECHNICAL SCHOOL (OPTIONAL):									CITY & STATE			GRADUATE?			DEGREE?			MAJOR:		
ARE YOU PRESENTLY ENROLLED IN SCHOOL?						IF YES, GIVE NAME & ADDRESS OF SCHOOL AND EXPECTED DEGREE DATE:														
LIST ANY JOB-RELATED SKILLS, TRAINING, MILITARY SERVICE, OR GENERAL COMMENTS (OPTIONAL):																				
BELOW PROVIDE THREE REFERENCES THAT ARE NOT FORMER EMPLOYERS, WHO WE MAY CONTACT																				
NAME AND OCCUPATION				HOW DO YOU KNOW THEM, AND FOR HOW LONG?				PHONE NUMBER												

EMPLOYMENT HISTORY

1. NAME OF EMPLOYER:	JOB TITLE:
ADDRESS:	DUTIES:
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT FROM: TO:
SUPERVISOR:	HOURLY PAY OR SALARY:
TELEPHONE:	STARTING PAY: ENDING PAY:
2. NAME OF EMPLOYER:	JOB TITLE:
ADDRESS:	DUTIES:
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT FROM: TO:
SUPERVISOR:	HOURLY PAY OR SALARY:
TELEPHONE:	STARTING PAY: ENDING PAY:
3. NAME OF EMPLOYER:	JOB TITLE:
ADDRESS:	DUTIES:
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT FROM: TO:
SUPERVISOR:	HOURLY PAY OR SALARY:
TELEPHONE:	STARTING PAY: ENDING PAY:
REASON FOR LEAVING:	REASON FOR LEAVING:

CAREFULLY READ BEFORE SIGNING AT THE BOTTOM: I certify that all the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

SIGNATURE:

DATE: