



# EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, disability, or any other category protected by law.

Please be advised that your application will go into our inactive file 6 months from the date of application, if you are not hired. If you desire to keep your application active after 6 months, please notify us in writing, prior to the expiration of the 6-month period that you would like to remain on the active applicant list. If you do not do so before expiration of the 6-month period, you will be taken off the active applicant list and you will not be considered for employment when a vacancy occurs, unless you submit an entirely new application.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(Area Code) (Area Code)

Full Name: \_\_\_\_\_  
(Please Print Clearly) (First) (Middle) (Maiden Name, if any) (Last)

Present Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Previous Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Email address (if applicable): \_\_\_\_\_

Position Desired: \_\_\_\_\_ Wage Desired: \_\_\_\_\_  
(Please Be Specific)

Do you have current and unrestricted authorization to work in the United States? \_\_\_\_\_

When can you begin work? \_\_\_\_\_ How many hours per week can you work? \_\_\_\_\_

List any dates /times you are not available to work: (School, other job, church, volunteer activities, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Do you know anyone who works or has worked at RSS•SCK in the past? Yes: \_\_\_\_ No: \_\_\_\_ If yes, please list name(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime or arrested for a felony? Yes: \_\_\_\_ No: \_\_\_\_ If yes, please provide date, nature of incident, and disposition. \_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes: \_\_\_\_ No: \_\_\_\_ If no, please explain: \_\_\_\_\_

Do you have any hobbies that have a direct bearing on the job you are seeking? Yes: \_\_\_\_ No: \_\_\_\_ If yes, please explain: \_\_\_\_\_

**EDUCATION:**

	Name of School	City, State	Course Study	Graduate?
Grammar				
High School				
College				
Other				

**PREVIOUS EMPLOYMENT:**

- Please identify all employers (include complete mailing address: street number, name, city, state, zip code, etc.) for the past 10 years or since leaving school, whichever period is longer. Attach additional sheet(s) if necessary.
- Please indicate either: **(F)** Full-time **(P)** Part-time **(V)** Volunteer.
- Please account for all periods of unemployment for two weeks or longer.

**LAST** Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(Name)* *(Area Code)*

Address: \_\_\_\_\_  
*(Number)* *(Street Name)* *(City)* *(State)* *(Zip Code)*

Position Held: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

**SECOND** to the Last Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(Name)* *(Area Code)*

Address: \_\_\_\_\_  
*(Number)* *(Street Name)* *(City)* *(State)* *(Zip Code)*

Position Held: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

**THIRD** to the Last Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(Name)* *(Area Code)*

Address: \_\_\_\_\_  
*(Number)* *(Street Name)* *(City)* *(State)* *(Zip Code)*

Position Held: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason(s).

[FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY]

Have you ever been terminated from a prior job, regardless of how long ago? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide name of employer: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

**REFERENCES:**

Name	Address	Phone	Years Acquainted	Occupation
(1)				
(2)				
(3)				

I understand that nothing in this application or River Street Sweets • Savannah's Candy Kitchen policies or procedures, or my communications with any RSS•SCK representative is intended to create a contract of employment between RSS•SCK and me. I understand that if an employment relationship is established, my employment and compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time, at the option of either RSS•SCK or me. I also understand and agree that RSS•SCK may change the terms and conditions of my employment at any time, with our without cause, with or without notice.

I authorize River Street Sweets • Savannah's Candy Kitchen to verify all of the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for RSS•SCK to obtain access to and copies of records pertaining to this information. I certify that I can and will, upon request, substantiate all statements made by me on this application and that such statements are true, complete, and correct to the best of my knowledge. I understand that a false statement, false answer, misrepresentation, or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge in the event of employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_