



# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race/color, religion, disability, gender, sexual orientation, national origin, age, marital or veteran status, or any other legally protected class.

**Answer all questions – incomplete applications are rejected**

			Date
Last Name	First	Middle	Social Security #
Street Address			Home Phone #
City, State, Zip			Cell Phone #
Position Desired	\$ _____ per hour	Date Available to Work	
			Salary Desired

Indicate your weekly availability: Are you available to work:  F/T  P/T  Temp

Mon   Tues   Wed   Thurs   Fri   Sat   Sun

From \_\_\_\_\_ Desired number of hours per week:

To \_\_\_\_\_ 10-20 20-30 30-40 40-50 50-60 60+

Will you work overtime, evenings, Saturdays and Sundays?  Yes  No

Are you currently on “lay-off” status and subject to recall?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No *(proof of citizenship or immigration status will be required upon employment)*

## EDUCATION

School	Name & Location	Course of Study	# Years Completed	Did you Graduate?	Degree / Diploma
High					
College					
Other					

## MILITARY

*Complete this section if you served in the U.S. Armed Forces*

Describe your duties & any special training:	Branch of Service:
	Period of Active Duty: From _____ To _____
	Rank at Discharge: Date of Final Discharge: _____

Are you over the age of 18?  Yes  No *If no, an employment certificate issued by school authorities will be required.*

How long have you resided at the present address: \_\_\_\_\_

If less than 3 years list previous address: \_\_\_\_\_

How long at previous address? \_\_\_\_\_

## EMPLOYMENT HISTORY

*Please give accurate, complete full-time and part-time employment record. Start with most recent employer  
We may contact the employers listed below unless you indicate those you do not want us to contact.*

Company Name:	Telephone:
Address:	Employed (month & yr.): From                      To
Name of Supervisor:	Weekly Pay: Start                      Last
Job Title & Duties:	May we contact them?
Reason for Leaving:	

Company Name:	Telephone:
Address:	Employed (month & yr.): From                      To
Name of Supervisor:	Weekly Pay: Start                      Last
Job Title & Duties:	May we contact them?
Reason for Leaving:	

Company Name:	Telephone:
Address:	Employed (month & yr.): From                      To
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Company Name:	Telephone:
Address:	Employed (month & yr.): From                      To
Name of Supervisor:	Weekly Pay: Start                      Last
Job Title & Duties:	May we contact them?
Reason for Leaving:	

Have you been convicted of a crime?       Yes       No

Are there any felony charges pending against you?    Yes       No

If yes to either of the questions above, describe in full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRIVING HISTORY

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*A copy of your valid driver's license is required with this application.*

Employment may involve driving a company vehicle. Have you had any accidents or traffic violations in the past three years:       Yes       No

Has your license been under suspension in the past three years?       Yes       No

If either of the above is yes, list below:

Date	Violation or Accident?	Type of Incident	License Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date reinstated
			License Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			License Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			License Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			License Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## OTHER QUALIFICATIONS

Summarize special job-related skills & qualifications acquired from employment or other experiences you believe will be a positive contribution our business and/or work performance.


I understand that a physical is required, at the employer's expense, and realize that a drug test will be performed. Should I request a retest I understand it will solely be at my expense. I also understand that dependent upon the examination results, I may be rejected for employment or may be dismissed if employed prior to receipt of the examination results. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I understand an acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. The information provided in this Employment Application is true, correct and complete. If employed, any false, misstatements or omissions of fact on this application may result in my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## STANDARD PERSONNEL SCREENING QUESTIONNAIRE

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Years at this Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Maiden Name / Alias: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

Previous Addresses over past 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of College: \_\_\_\_\_ State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

### AUTHORIZATION AND GENERAL RELEASE

I hereby authorize A to Z Party Rental and their agents TGB Associates to request and receive any information and records concerning me, including but not limited to consumer credit, criminal history, workers' compensation, driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, school, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my past and present employers.

I further release and discharge A to Z Party Rental and all of its subsidiaries and affiliates and every employee or agent including those of TGB Associates, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any compliance, or attempted compliance with such request(s). I understand that A to Z Party Rental has the right to rescind any offer of employment that many have been made, as well as the right to terminate employment, that may have been made, based on the information received.

I acknowledge that I have voluntarily provided, for employment purposes, the above information, authorization and general release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date