



Date of Application:

Application for Hourly Employment

Forefathers, LLC is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran's status or any other prohibited basis in accordance with any federal, state or local law. This applies to all areas of employment, including recruitment, hiring, training and development, promotion, termination, compensation and benefits.

Please print , except for signature on back of application Please print use black or blue pen

Personal Information

Last Name First Name Middle Name
Home Address City State Zip
Home Phone Cell Phone Social Security Number If under 18, state age

Employment

Employment desired? Full-Time only Part-Time only Full or Part-Time
Hourly rate desired? Date available to start?
Can you work days? Can you work nights?
Can you work Saturday? Can you work Sunday?
Can you work overtime?

General Information

How did you hear about this position?
Have you ever gone by another name, If so please specify?
If hired, can you furnish proof that you are eligible to work in the US?
Have you ever been convicted of any law violation (except a minor traffic violation)?
If yes, please explain:

A yes answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will be considered

Have you ever been discharged from any employment or asked to resign?
If yes, please explain

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**Job History**

In chronological order, please list jobs held beginning with most recent.

Name of Employer		Position Held	
Street Address		Dates Employed	From To
City, State, Zip		Pay	From To
Supervisor	Telephone Number	Reason for Leaving	

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**Education**

Type of School	Name of School	Number of Years Completed	Major & Degree
High School			
College			
Bus or Trade School			

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**Additional Experiences or Qualifications**

List any other experiences, skills or other qualifications including hobbies, which you believe should be considered:

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**Attendance and Punctuality Information**

Is there anything which would interfere with your regular attendance and punctuality if offered a job?

Yes

No

**If yes, please explain**

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**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. Your application will be given every consideration, but its receipt does not imply that the applicant will be employed.

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It is further the policy of *Forefathers* to comply with all of the relevant and applicable provisions of the Americans with Disabilities Act (ADA). *Forefathers* will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's disability. *Forefathers* will make reasonable accommodation, wherever possible, for all employees or applicants with disabilities affecting employment, provided that the individual is otherwise qualified to safely perform the required duties and assignments connected with the job

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that I may be required to successfully pass a background check and I hereby consent, if required, to a pre and/or post employment background check.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_