



## Employment Application

### Applicant Information

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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment # / Unit*

\_\_\_\_\_  
*City State Zip Code*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

### Emergency Contact

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Contact Name: \_\_\_\_\_  
*Last First*

Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position applying for: \_\_\_\_\_

How will you get to work: \_\_\_\_\_



## Applicant Employment History

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*Please list your current or most recent employment first. Please list all jobs which you have held, beginning with the most recent, and list and explain any gaps in employment.*

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Jobs Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Jobs Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Jobs Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Jobs Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_



## References

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*Please list any 2 non-relatives who would be willing to provide a reference for you.*

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Availability

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**MUST BE available for the following dates: 5/7-8, 6/18, 7/30, 10/1, 10/8-9, 12/10**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**I understand I must be willing to work any shift times, including nights & weekends.**

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please expand on why: \_\_\_\_\_



## Contract

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I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Cox Family LLC to contact former employers regarding my employment. I authorize my former employers to fully and freely communicate information regarding my previous employment. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and credibility.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Cox Family LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

Applicant Written Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_