



601 W. MADISON ST. TALLAHASSEE, FL 32304  
**EMPLOYMENT APPLICATION**

ALL APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE,  
 COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP



Rainey Cawthon Distributor

To be properly evaluated, this application must be filled out completely. Please use ink. If more space is needed, attach a separate sheet.

|  |  |  |        |  |          |  |           |
|--|--|--|--------|--|----------|--|-----------|
| LAST NAME  |  | FIRST  | MIDDLE | SOCIAL SECURITY NUMBER   |          | TELEPHONE :<br>( ) -                                     |           |
| ARE YOU 18 YEARS OR OLDER?   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |        | DRIVER LICENSE OR ID   |          | ALTERNATE:<br>( ) -                                      |           |
| LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |        | ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS?   |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| YOUR ADDRESS   |  | CITY   | COUNTY | STATE  | ZIP CODE | HOW LONG   |           |
| POSITION APPLYING FOR:   |  |  |        | LOCATION APPLYING FOR:   |          |  |           |
| WHEN WILL YOU BE ABLE TO REPORT TO WORK AFTER BEING NOTIFIED YOUR HIRED?   |  |  |        | ARE YOU SEEKING A FULLTIME POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO  |          |  |           |
| ARE YOU SEEKING A PERMANENT POSITION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |        | CAN YOU WORK THE FOLLOWING DAYS: (CHECK ALL THAT APPLY)<br><input type="checkbox"/> ANY <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN<br>OTHER: _____ |          |  |           |
| CAN YOU WORK THE FOLLOWING SHIFTS: (CHECK ALL THAT APPLY)<br><input type="checkbox"/> ANY <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> SWING <input type="checkbox"/> ROTATING <input type="checkbox"/> SPLIT <input type="checkbox"/> GRAVEYARD<br>OTHER: _____ |  |  |        | IF YES, WHEN AND FOR WHAT REASON   |          |  |           |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAD ADJUDICATION WITHHELD? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |        |  |          |  |           |
| IN CASE OF EMERGENCY OR ACCIDENT, WHO SHOULD BE NOTIFIED:<br>NAME  |  | ADDRESS  |        | RELATIONSHIP   |          | PHONE  |           |
| HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |        |  |          |  |           |
| IF YES, GIVE DATE _____ LOCATION _____   |  |  |        |  |          |  |           |
| DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? _____   |  |  |        |  |          |  |           |
| IF YES, STATE NAME, RELATIONSHIP AND LOCATION  |  |  |        |  |          |  |           |
| CIRCLE HIGHEST GRADE COMPLETED   |  | GRADE SCHOOL<br>1 2 3 4 5 6 7 8                          |        | HIGH SCHOOL<br>9 10 11 12  |          | COLLEGE<br>1 2 3 4                                       |           |
| <b>EMPLOYMENT HISTORY</b>  |  |  |        |  |          |  |           |
| List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. Please attached extra sheet of paper if necessary.  |  |  |        |  |          |  |           |
| IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |        |  |          |  |           |
| EMPLOYER NAME AND ADDRESS:<br>_____<br>_____<br>_____  |  |  |        | POSITION TITLE/ DUTIES, SKILLS:  |          | REASON FOR LEAVING:                                      |           |
| PAY: \$ _____<br>PER: _____  |  |  |        | SUPERVISOR:  |          | START DATE:  | END DATE: |
| EMPLOYER NAME AND ADDRESS:<br>_____<br>_____<br>_____  |  |  |        | POSITION TITLE/ DUTIES, SKILLS:  |          | REASON FOR LEAVING:                                      |           |
| PAY: \$ _____<br>PER: _____  |  |  |        | SUPERVISOR:  |          | START DATE:  | END DATE: |
| EMPLOYER NAME AND ADDRESS:<br>_____<br>_____<br>_____  |  |  |        | POSITION TITLE/ DUTIES, SKILLS:  |          | REASON FOR LEAVING:                                      |           |
| PAY: \$ _____<br>PER: _____  |  |  |        | SUPERVISOR:  |          | START DATE:  | END DATE: |
| List any other experiences, skills, or qualifications you feel are pertinent: _____<br>_____   |  |  |        |  |          |  |           |

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. In addition, I understand that, if employed, I am in a 90-day probationary period and can be discharged without cause.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED \_\_\_\_\_ STORE \_\_\_\_\_ POSITION \_\_\_\_\_ WAGES \_\_\_\_\_

APPROVED BY: \_\_\_\_\_