

APPLICATION FOR EMPLOYMENT



5910 East 37th North • Wichita, KS 67220 • 316-686-7491

PERSONAL INFORMATION

Name _____
Present Address _____ City _____ State _____ Zip _____
Permanent Address _____ City _____ State _____ Zip _____
Are you over 18? Yes ___ No ___ Phone Number _____

DESIRED EMPLOYMENT

Position _____ Date You can start _____ Desired Salary _____
Are you employed now? Yes ___ No ___ If so, may we contact your current employer? Yes ___ No ___
Have you worked at Tree Top before? Yes ___ No ___ If so when? _____
Reason for leaving? _____ Supervisors name _____

EDUCATION

School Level	Name, Address of School	No. of Years Attended	Did You Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade School				

Have you been convicted of a felony in the last five years? Yes ___ No ___
If yes, explain (will not necessarily exclude you from employment) _____

GENERAL SKILLS

Job Skills _____

Drivers License Info: DL # _____ State _____ Expires _____ Suspended or Revoked? _____
Type of License _____
Moving Violations in the last 3 years Yes ___ No ___
If yes, explain _____

REFERENCES

List the names of three persons who are not related to you and have known you at least one year

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

SERVICE RECORD

Branch of service _____ Discharge Date and Rank _____
Other _____

FORMER EMPLOYERS

Name of present or last employer _____

Present Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Weekly Starting Salary _____ Weekly Final Salary _____ May we contact your supervisor Yes ___ No ___

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for leaving _____

Name of Previous Employer _____

Present Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Weekly Starting Salary _____ Weekly Final Salary _____ May we contact your supervisor Yes ___ No ___

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for leaving _____

Name of Previous Employer _____

Present Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Weekly Starting Salary _____ Weekly Final Salary _____ May we contact your supervisor Yes ___ No ___

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for leaving _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that , if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____

EMPLOYERS USE ONLY

Interviewed By: _____ Date _____

Comments _____

Hired Date _____ Posotion _____

Salary / Wages _____ Report Date _____

Approved By _____