



APPLICATION FOR EMPLOYMENT (Junior)

PRINT IN BLACK/BLUE INK OR TYPE. These instructions must be followed exactly. **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.** Fill out application form completely. If questions are not applicable, enter NA. Do not leave questions blank. Be sure to sign when completed. Commemorative R.O.S.E., Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. If applying for more than one position, you may make copies of your completed application and enter different position titles, however each copy **must** have an original signature. Resumes will not be accepted in lieu of applications.

PLEASE COMPLETE PAGES 1-4.				DATE _____			
Name _____							
Last	First	Middle	Maiden				
Present address _____							
Number	Street	City	State	Zip			
How long _____				Social Security No. _____ - _____ - _____			
Telephone (_____) _____							
Age/Date of Birth _____ / _____							
Position applied for (1) _____				Please <input checked="" type="checkbox"/> Days and enter hours available to work			
and salary desired (2) _____				<input type="checkbox"/> No Pref _____		<input type="checkbox"/> Thur _____	
(Be specific)				<input type="checkbox"/> Mon _____		<input type="checkbox"/> Fri _____	
				<input type="checkbox"/> Tue _____		<input type="checkbox"/> Sat _____	
				<input type="checkbox"/> Wed _____		<input type="checkbox"/> Sun _____	
How many hours can you work weekly? _____				Can you work nights? _____			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME							
Date available for work? _____							

Name of School: _____

LIST OF CURRENT CLASSES	NAME OF TEACHER	GRADE ON LAST REPORT CARD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE SKILLS

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____			
	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____			

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. You may use an additional sheet of paper if needed.

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Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Your last job title		
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Commemorative R.O.S.E., Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Commemorative R.O.S.E., Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Commemorative R.O.S.E., Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that **may** provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.