



Application For Employment

308 Mediterranean Avenue • Virginia Beach, Virginia • 757-422-5654

PERSONAL:

Position(s) applied for: _____

How soon can you report for employment? _____ Minimum salary expected: _____

Would you work:

Full-Time: _____ Part-Time: _____ Specify days and hours if part-time: _____

Name: _____ Social Sec. Number: _____
Last First M.I.

Address: _____ Telephone Number: _____
Street City State / Zip

Are you eligible for employment in the U.S.? _____ (If not, you will be required to present proof that you can be legally employed in the U.S.)

Have you ever been convicted of a crime? _____ (The existence of a criminal record does not constitute an automatic bar to employment.)

If yes, describe briefly: _____

U.S. MILITARY SERVICE:

Army: _____ Air Force: _____ Navy: _____ Marines: _____ U.S. Coast Guard: _____

Length of active duty: _____ Reserve status: _____

List special duties performed in the service: _____

EDUCATION:

School	Name and Address	Degree or Diploma	Major Studies
High School			
College			
Graduate School			
Trade, Business, etc.			

EMPLOYMENT RECORD:

List below all employment. Begin with present position and work back to your first position. (Attach resume if necessary, but also complete the information requested below.)

	From Mo.-Yr.	To Mo.-Yr.	Name and Address of Company and Type of Business	Position	Salary or Wage Rate	Reason for Leaving
1						
2						
3						
4						

May we communicate with the employers referenced above? Yes _____ No _____

If no, indicate those we should not contact and why. _____

Give name and business connection of person suggesting you apply here. _____

I certify that all statements herein are true. I understand that false or incomplete statements herein or the omission of any information requested, or inaccurate information in any resume that I have submitted are grounds for dismissal. I agree that a thorough examination of my employment, except as it pertains to race, color, religion, national origin, sex, age, or any mental or physical disability, may be made and used relative to my employment. I authorize my former employers and any other persons or organizations to provide any factual information they have about my employment and I release all concerned from any liability in connection therewith. I understand that employment with Rockafellers is terminable at the will of either the employee or the employer at any time.

 Date Signature of applicant

* The employer does not discriminate on the basis of race, color, religion, age, sex, national origin, mental or physical disability.
**** PLEASE NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**