APPLICATION FOR EMPLOYMENT

CANTON CHAIR RENTAL

An Equal Opportunity Employer DRUG FREE WORKPLACE

"<u>We Don't Just Rent Tables & Chairs</u> <u>We Rent Events</u>"™

PERSONAL INFORMATION			Date:					
Name				Soc. Sec. Number				
First		Middle		Last				
Present Address		C · · · ·			<u> </u>			
	No.	Street			City	Sta	ate	Zip
Years lived at this	address:				Home Pl	none Number		
E-Mail Address					Cell Pho	ne Number		
If your address has	changed	in the last (5) year	rs, list your	previous a	address(es)	during that pe	riod:	
No.	Street		City		State	Zip	Years	at this address
No.	Street		City		State	Zip	Years	at this address
Are you age 18 or	over?	YesNo		If yes car	n you verify	y your birth da	ite? Yes	No
Are you age 21 or	over?	Yes No						
				NT				
Are you legally au	thorized t	o work in the U.S.	? Yes	No				
If yes, can you ver	ify your i	dentity and eligibi	lity to work	in the Un	ited States?	Yes	No	-
Have you been dis	charged o	or asked to resign f	rom a job?	Yes	No	If yes, plea	ise explain	circumstances:
Have you ever bee	n convicte	ed of any crime ur	nder civiliar	n or militar	y law, othe	r than minor t	raffic viol:	ations?
If yes, list the dates employment catego		are of each offense	e (although	such convi	iction does	not necessaril		No applicant from all
If related to anyone	e in our co	ompany, state nam	e and relation	ionship:				
Driver's License N	lumber_		Do	you have a	any points o	on your licens	e? Yes	No
If yes, list date(s) a				-		-		

Position	Date you can start	Salary Desired			
Are you employed now? If so may we contact your present employer?					
Ever applied to this company before?		Where?	When?		
Referred By					
EDUCATION					
	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied	
Grammar School					
High School					

GENERAL

Trade, Business, or Correspondence School

College

Subjects of special study or research work_____

Special Skills

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U.S. Military or Naval Service _____ Rank ______ Rank _____ Rank ______ Rank _____ Rank ______ Rank ______Rank ______Rank _

FORMER EMPLOYERS (List below three employers, starting with the last one first)					
DATE Month/Year	Name and Address of Employer	Last Salary	Position(s)	Reason for Leaving	
From					
То					
From					
То					
From					
То					
From					
То	1				

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Which of these jobs was your favorite?

What did you like most about this job?

What did you like least about this job?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.					
NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED	

In case of emergency notify:

Name	Relationship	Address	Phone No.

Attach additional sheets, if necessary, and/or include a resume.

APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION

I understand that acceptance of my application for employment does not commit Canton Chair Rental ("The Company") in any way to hire me; and that nothing in my application, or in any other communication or document, creates or implies a contract or promise of employment requiring that I be hired or retained by the Company in any position for any period of time.

I authorize the Company to investigate all written or oral statements by me and to obtain such information and reports as reasonably shall be required by the Company concerning me. Furthermore, I release all such parties from any claim, damage, or liability resulting from their furnishing such information to the Company.

I understand that, if employed, I will be required to abide by all rules and regulations of the Company.

I understand that, if I am hired, my employment with the Company will be at will and for no definite period; and that such employment may be terminated at any time, by me or by the Company for any reason not specifically prohibited by law, regardless of the date of payment of my wages or salary. I further understand and agree that no representative of the Company has the authority to enter into any agreement for employment contrary to the foregoing, unless such action is taken in writing by the President (or the Vice President).

I certify that the information given by me on this application is true and complete (as is the information which I have provided to the Company in any document or interview); and that I have not withheld any fact which, if disclosed, would unfavorably affect my qualifications for employment. I agree that any false or substantially misleading information furnished by me on or in connection with this application, or in any related interview or document, shall be sufficient reason for rejection of my application, or termination of my employment, as appropriate.

I have carefully read the foregoing application and understand its contents.

Date

CANTON CHAIR RENTAL EMPLOYEE UNDERSTANDING REGARDING MOTOR VEHICLE INSURANCE & DRUG FREE WORKPLACE

MOTOR VEHICLE INSURANCE

I, ______(Print), the undersigned applicant/employee, understand that the Company requires employees who operate company vehicles to be insurable under its motor vehicle insurance policy. If the Company determines that I am not insurable under its policy, it may affect my eligibility for employment or continued employment. I further understand that if at any time during my employment I become uninsurable under the Company's policy, my employment status may be subject to review and possible termination.

Signature

Date

DRUG FREE WORKPLACE

I, ______(Print), the undersigned applicant/employee, understand that Canton Chair Rental (the Company), is a Drug Free Workplace and if offered a position I will be required to submit to a pre-employment drug screen. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen will result in the withdrawal of any employment offer.

Signature

Date