

FITCH WORKS LLC.

1374 S MISSION RD., #447 FALLBROOK CA USA

Toll Free: (833) 893-4824 / (833) 852-1839
Local: (760) 990-9037 / (747) 273-0937
Fax: (760) 990-9049

Email: fitchworksllc@thefitchworks.com
Websites: thefitchworks.com

APPLICATION FOR EMPLOYMENT

Note: Each company must have a different application. (Check one only)

- | | |
|--|--|
| ☐ Fitch Works Consulting | ☐ TFW Asset Recovery (The Fitch Works Asset Recovery) |
| ☐ JunkyardOg Trading Company | ☐ SoCal SLUGFEST (Southern California Slugfest- Wood bat Classics) |
| ☐ Travel Luxx | ☐ The Shelves Of Fashion (T.S.O.F) |

THE FOLLOWING MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED. (Please Print)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

PERSONAL DATA

Name: (Last)	(First)	(Middle)	Have you ever used another name? Yes ☐ No ☐ - If yes, please list		
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Present Address	City	State/Province	Zip/Postal Code	Country
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Mailing Address	City	State/Province	Zip/Postal Code	Country
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Best Contact Phone#	Alternate Phone#	E-mail Address
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If hired, are you able to present proof that you have the right to work in the United States?	YES ☐ NO ☐
Have you ever applied to or worked for FITCH WORKS LLC. Before?	YES ☐ NO ☐
Are you at least 18 years of age?	YES ☐ NO ☐
If not, can you submit a valid work permit if hired?	YES ☐ NO ☐
If you are applying for a position where you will serve alcohol, are you over the age of 21?	YES ☐ NO ☐

EMPLOYMENT INTEREST *(Base on the company you are applying for)*

Position(s) applied for or type of work desired:

1 _____	3 _____
2 _____	4 _____

Are you applying for?

Full-Time ☐

Part-Time ☐

Seasonal ☐

Remote ☐

Daytime ☐

Night ☐

Date available to start to work: _____

How were you referred to this company?

Company Websites ☐ Agency ☐ Employee ☐ Walk-In ☐ Other ☐

Name of Agency/Newspaper/Website, etc. _____

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Are you able to make the attendance requirements?	YES [] NO []
Do You have any objection to working overtime if necessary?	YES [] NO []
Can you travel if required by this position?	YES [] NO []

EMPLOYMENT HISTORY

Please list below all present and past employment for the last five (5) years, starting with your most recent employer. *You must complete this section even if you have a resume.* Note: Attach additional page(s) if necessary. Please explain any gaps of employment by attaching a separate sheet.

Are you currently employed?	YES [] NO []
If yes, may we contact your employer?	YES [] NO []

Employer: _____	Job Title: _____
Address: _____	
	City State Zip Code
Telephone: _____	Immediate Supervisor and Title: _____
Reason for Leaving: _____	
Job Duties/Responsibilities: _____	

Dates Employed: From _____ To _____	

Employer: _____	Job Title: _____
Address: _____	
	City State Zip Code
Telephone: _____	Immediate Supervisor and Title: _____
Reason for Leaving: _____	
Job Duties/Responsibilities: _____	

Dates Employed: From _____ To _____	

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EDUCATION / TRAINING / EXPERIENCE

Name of School: _____

City, State, Country: _____

No. Of Years completed: _____ Diploma/Degree: _____ Did you Graduate? _____

High School: _____

College / University: _____

Vocational / Business: _____

Some of our clients/ customers may not speak English. Do you speak, write or understand any foreign language?

If yes, which language(s): _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at our company? If yes, please explain:

Have you ever directly supervised staff? If so, please explain:

Please list all computer program with which you are familiar:

PLEASE NOTE: SOME POSITIONS MAY REQUIRE SKILL TESTING

List below three (3) persons not related to you who have knowledge of your work performance within the last five years.

NAME	RELATIONSHIP / TITLE	PHONE NUMBER	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Please Note: We comply with Americans with Disabilities Act (ADA) and provide reasonable accommodation measures that may be necessary for eligible applicants/associates to perform the essential functions of the job. Employment may be subject to passing a medical examination and/or skills and agility tests.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES [☐] NO [☐]

If no, please describe the essential job function that cannot be performed or the reasonable accommodation you may require:

In submitting this application for employment. I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company's service if I have been employed.

In consideration of any employment I agree to conform to the rules and regulations of the company.

I certify I have read all of this application and that the information I have provided above is true and correct.

APPLICANT NAME (Print)

and

Sign Above the printed name

Date

NOTICE

Thank you for your interest in FITCH WORKS LLC., employment opportunities and for completing this application form. If there is a current opening for the position(s) you are seeking and the information in your application suggests that you meet the minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If there is no opening for the position(s) you are seeking, your application will be kept active for six months.

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