## **Ringstaff Twisted Diesel**

## **Employment Application**

Today's Date\_\_\_\_\_

|                             |              |              |         | App      | olicant I | nforma    | ation  |               |                   |                   |          |
|-----------------------------|--------------|--------------|---------|----------|-----------|-----------|--------|---------------|-------------------|-------------------|----------|
| Full Name:                  |              |              |         |          |           |           |        |               | Date of<br>Birth: |                   |          |
|                             | Last         |              |         | Firs     | t         |           |        | M.I.          | _                 |                   |          |
| Address:                    |              |              |         |          |           |           |        |               |                   |                   |          |
|                             | Street Addre | ess          |         |          |           |           |        |               |                   | Apartment/Unit ‡  | <b>‡</b> |
|                             |              |              |         |          |           |           |        |               |                   |                   |          |
|                             | City         |              |         |          |           |           |        | State         |                   | ZIP Code          |          |
| Phone:                      | -            |              |         |          |           | Email     |        |               |                   |                   |          |
| Date Availal                | ole:         |              | Social  | Securit  | y No.:    |           |        | Desi          | red Salary        | /: <b>\$</b>      |          |
| Position App                | olied for: _ |              |         |          |           |           |        |               |                   |                   |          |
| Are you a ci                | tizen of the | United Stat  | es?     | YES      | NO        | If no, a  | re you | authorized to | work in th        | YES<br>ne U.S.? 🔲 | NO       |
| Have you ev                 | ver worked   | for this com | pany?   | YES      | NO        | If yes, v | when?_ |               |                   |                   |          |
| Have you ev                 | ver been co  | nvicted of a | felony? | YES      | NO        |           |        |               |                   |                   |          |
| If yes, expla               | in:          |              |         |          |           |           |        |               |                   |                   |          |
|                             |              |              |         | Educ     | ation/S   | pecial    | Skills |               |                   |                   |          |
| High School: Address:       |              |              |         |          |           |           |        |               |                   |                   |          |
| From:                       |              | To:          |         |          | raduate?  | YES       | NO     |               |                   |                   |          |
| College/<br>Tech<br>School: |              |              |         |          | Address:  |           |        |               |                   |                   |          |
| <u></u>                     |              |              |         |          | Addiess.  |           |        |               |                   |                   |          |
| From:                       |              | To:          | Di      | id you g | raduate?  | YES       | NO     | Degree:       |                   |                   |          |
| Other Speci<br>Training:    | al Skills or |              |         |          |           |           |        |               |                   |                   | :        |
|                             |              |              |         |          |           |           |        |               |                   |                   |          |
|                             |              |              |         |          |           |           |        |               |                   |                   |          |

|                                | Refer                       | ences                    |              |                  |   |
|--------------------------------|-----------------------------|--------------------------|--------------|------------------|---|
| Please list three professional | references.                 |                          |              |                  |   |
| Full Name:                     |                             |                          |              | Phone:           |   |
| Full Name:                     |                             |                          |              | Phone:           |   |
| Full Name:                     |                             |                          |              | Phone:           | _ |
|                                | Previous E                  | mployme                  | nt           |                  |   |
| Company:                       |                             |                          |              | Phone:           |   |
| Address:                       |                             | Supervisor:              |              |                  |   |
| Job Title:                     | Starting S                  | Ending Salary: <u>\$</u> |              |                  |   |
| Responsibilities:              |                             |                          |              |                  |   |
| From:                          | To:                         | Reason fo                | or Leaving:_ |                  |   |
| May we contact your previous   | supervisor for a reference? | YES                      | NO           |                  |   |
| Company:                       |                             |                          |              | Phone:           |   |
| A delegan                      |                             |                          |              | Supervisor:      |   |
|                                |                             | Salary:\$                |              | Ending Salary:\$ |   |
| Responsibilities:              |                             |                          |              | <u> </u>         |   |
| From:                          | То:                         |                          |              |                  |   |
| May we contact your previous   | supervisor for a reference? | YES                      | NO           |                  |   |
| Company:                       |                             |                          |              | Phone:           | _ |
|                                |                             |                          |              | Supervisor:      |   |
| Job Title:                     |                             | Salary:\$                |              | Ending Salary:\$ |   |
| ·                              |                             |                          |              |                  | _ |
| Responsibilities:              |                             |                          |              |                  | _ |
| From:                          | To:                         | Reason fo                | or Leaving:_ |                  | _ |
| May we contact your previous   | supervisor for a reference? | YES                      | NO           |                  |   |

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|------|----------|------|-----|--------|
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I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| ff Twisted Diesel, LLC to other I am qualified for the position utilize an outside firm or firms to vestigation by information services thhold my permission and that in nt will not be processed further. |
|--|
| <br>Date   |
| i  |

Name - Printed