



SOUTHERN REMEDY LLC
EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER



Personal Information

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	SECONDARY PHONE NO.
EMAIL ADDRESS		REFERRED BY		

Employment Desired

POSITION		DATE YOU CAN START	
ARE YOU EMPLOYED NOW?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DEGREE OR CERTIFICATION
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
US. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)
DATE

MONTH AND YEAR	NAME & ADDRESS OF <u>EMPLOYER</u>	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			

FROM			
TO			
F ROM			
TO			

A-9661 IT-32851
08/2019

CONTINUED ON OTHER SIDE



References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM you HAVE KNOWN AT LEAST ONE YEAR.)

NAME	Phone Number	Address	RELATIONSHIP

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE

SIGNATURE

_____ Do Not Write Below This Line _____

DATE

INTERVIEWED BY

Remarks

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES



APPROVED:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

