

Olde Town Station Management Group

EMPLOYMENT APPLICATION

(This employment application includes sections for personal identification, job qualifications, experience, and background for the past 5-10 years, references, a criminal history, and a waiver/consent to periodic criminal records check or fingerprinting.)

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Driver's License No./Issuing State		Date of Birth
Position Apply for	Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract		
When Are You Available to Begin Work?		Will You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide evidence that you are authorized <u>and</u> of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify		Telephone	Name of Nearest Relative Telephone

EDUCATION

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name	Telephone
Address	City State ZIP Code
Position Held	From To Starting/Ending Salary
Reason for Leaving	Supervisor

PREVIOUS EMPLOYER

Company Name	Telephone
Address	City State ZIP Code
Position Held	From To Starting/Ending Salary
Reason for Leaving	Supervisor

PREVIOUS EMPLOYER

Company Name	Telephone
Address	City State ZIP Code
Position Held	From To Starting/Ending Salary
Reason for Leaving	Supervisor

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services	Draft Status	Reserve Status	

CRIMINAL HISTORY

Have you ever been <u>convicted</u> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

I give confidential authorization for Olde Town Station Square Corporation to run a criminal background which may include fingerprints and credit report pull. I also understand that all offers of employment will be based on the results of those findings.

Print Name	
Signature	Date

EMP08012023

CONFIDENTIAL

Background Check Authorization

Print Name:
(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB:

Telephone Number:

Drivers License Number/State:

Print Name:
(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From:
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: DOB:

Telephone Number:

Drivers License Number/State:

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Olde Town Station Management Group and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Olde Town Station Management Group or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Olde Town Station Management Group and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____

Date: