

Little Red Riding Hood Nursery

4006 34th Street | Lubbock, TX 79410

P 806.795.4834 | F 806.795.5420

APPLICATION FOR EMPLOYMENT

Date _____

We are a drug free environment. Do you use Alcohol, drugs or tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?
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PERSONAL INFORMATION

Name (Last, First, Middle)			Social Security Number	
Street Address	City	State	Zip	Telephone Number
Have you ever worked or applied for work with us before?	If yes, where and when?		Are you over 18 years of age?	
Have you been convicted of a criminal offense within the past seven years?			If yes, give details.	
NOTE: Only U.S. Citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment.		Can you upon employment, give us proof of your legal right to work in the United States?		

Referred by:	In case of emergency notify the following person. . .
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EMPLOYMENT INTERESTS

Position Desired:	Salary Expected:	Date Available:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal						
Please indicate the days and hours which you prefer to work. Be sure to state A.M. or P.M.			Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Are you willing to work overtime, evenings, weekends, or holidays if required? <input type="checkbox"/> Yes <input type="checkbox"/> No									

EDUCATION

	Last Grade/Level	Degree	Course/Major
High School			
Vocational			
College			
Other			

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EMPLOYMENT HISTORY

Please list your last 4 jobs, beginning with your present or last employer. Account for ALL periods including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. Military Service. If space is insufficient, list on a separate page or application as needed.

1. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department	Supervisor			Telephone Number		
1. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department	Supervisor			Telephone Number		
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Department	Supervisor			Telephone Number		
1. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department	Supervisor			Telephone Number		

STATEMENT

I certify that the facts presented in this application are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I authorize Little Red Riding Hood Nursery to verify all statements contained in this application and to investigate my background as necessary. Further, I understand that no store manager or representative of Little Red Riding Hood Nursery, other than the president of the Company, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Because Little Red Riding Hood Nursery is an "at will" employer. I understand that the Company reserves the right to terminate my employment without reason, with or without a past record of counseling or corrective action. I understand also that I have the same right to terminate my employment for any reason and at any time. Lastly, in consideration for my employment, I agree to conform to the rules and regulations of Little Red Riding Hood Nursery.

Applicant's Signature _____ Date _____