



FOX TOPS ALL, LLC Employment Application

FOX TOPS ALL, LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

_____ First Name	_____ Middle	_____ Last	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Home Telephone Number	_____ Social Security Number	_____ Today's Date	

Daytime Telephone Number at which we may contact you.

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If "Yes", please explain:

How were you referred to FOX TOPS ALL, LLC?

Position Preferences

For what position are you applying? _____

Company Name: _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours Per Week _____

Could you work overtime? Yes _____ No _____

What date could you start work? _____

Could you travel if required by this position? Yes _____ % of Time _____ No _____

Education

High School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name:: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

Graduate School

School Name : _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

List any Professional Affiliations to which you belong (please do not list activities which would indicated age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List you current or more recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____ Phone #: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per _____. Dates of Employment: From: _____ To: _____

Position Title: _____ May we Contact your Employer? Yes ____ No ____

Previous Employer: _____

City and State: _____ Phone # _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per _____. Dates of Employment: From _____ To: _____

Position Title: _____. May we contact your Employer? Yes ___ No ___

Previous Employer: _____

City and State: _____ Phone #: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Salary: _____ per _____. Dates of Employment: From _____ To _____

Position Title: _____. May we contact your Employer? Yes ___ No ___

Previous Employer: _____

City and State: : _____ Phone #: _____

Supervisor's Name and Title _____

Reason for Leaving: _____

Salary: _____ per _____. Dates of Employment: From _____ To _____

Position Title: _____. May we contact your Employer? Yes ___ No ___

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All hiring and employment at FOX TOPS ALL, LLC is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by the FOX TOPS ALL, LLC has no specific term and may be terminated by the employee or FOX TOPS ALL, LLC with or without notice.

Home Addresses (for the last 7 years, list most current first—use back for more space):

Street _____ City: _____ State: _____

Zip: _____ County: _____

From – To Date: _____ - _____.

Street: _____ City _____ State _____

Zip: _____ County: _____

From – To Dates: _____ - _____.

Street: _____ City _____ State _____

Zip: _____ County _____

From – To Date: _____ - _____.

Street: _____ City _____ State _____

Zip: _____ County: _____

From – To Dates: _____ - _____.

Street: _____ City _____ State _____

Zip: _____ County: _____

From – To Date: _____ - _____.

Street: _____ City: _____ State _____

Zip: _____ County: _____

From – To Dates: _____ - _____.

Applicant Release

Please submit a resume with this Employment Application.

FOX TOPS ALL, LLC

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further, I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing do. I herby consent to obtaining the above information from any former employer and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please Print Clearly:

Print Full Name: _____ Sex: Male____ Female____

Print other names you have used: _____

Date of Birth (mm/dd/yy): _____. Social Security #: _____

Current Drivers License #: _____. Issuing State: _____

Other Drivers License's: _____. Issuing State: _____