



Employment Application

CapRock / Orlando's



EMPLOYMENT APPLICATION: We are an Equal Opportunity Employer and do not discriminate in employment. No question is used for the purpose of limiting or excluding any applicant from consideration of employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation and/or interview process should notify a representative of the organization.

Personal Information

Last Name:		First Name:		Middle:	
Describe Position Or Work Desired:		Location You Are Applying For:		Date You Can Start:	
Address:			City	State	Zip
Phone:			Other contact number:		

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO WORK?

<input type="checkbox"/>	MONDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	TUESDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	WEDNESDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	THURSDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	FRIDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	SATURDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime
<input type="checkbox"/>	SUNDAY	Morning 8 9 10 11 12 1 2 3 4	Evening 5 6 7 8 9 10 11 12	Anytime

HAVE YOU PREVIOUSLY APPLIED/BEEN EMPLOYED BY OUR ORGANIZATION? If yes, please explain.

Can you submit proof of legal employment authorization and identity?

Who referred you to us?

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, please list or describe the functions that cannot be performed:

Employment History Provide employment history for your past two employers.

Employer	Position held:	Rate of pay:
Description of responsibilities:		
Dates of Employment:	Reason for leaving:	
Supervisor/Contact and Title		Phone:
Employer	Position held:	Rate of pay:
Description of responsibilities:		
Dates of Employment:	Reason for leaving:	
Supervisor/Contact and Title		Phone:

Have you ever been asked to resign or been dismissed from any previous position? If yes, please explain.

EDUCATION HISTORY/SKILLS		
EDUCATIONAL EXPERIENCE: List the most recent school you attended		GRADUATED?
SUBJECTS OF INTEREST:	DEGREE EARNED?:	
DO YOU HAVE ANY SPECIAL TRAINING, SKILLS OR CERTIFICATIONS? PLEASE EXPLAIN.		
REFERENCES: List Names and phone numbers of three persons below, <u>not related to you</u>		
NAME:	How do you know them?	Phone:
NAME:	How do you know them?	Phone:
NAME:	How do you know them?	Phone:
AUTHORIZATION PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH. SIGN AND DATE BELOW		
Initial here	I hereby authorize CapRock/Orlando's to investigate my references, work record, education and other matters related to my suitability for employment and, further I authorize the references I have listed to disclose to CapRock/Orlando's any and all letters, reports and other information related to my work records, without giving me further notice of such disclosures. In addition, I hereby release CapRock/Orlando's, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosures.	
Initial here	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 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 forgoing, 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 and/or other relevant federal and state laws.	

APPLICANT'S SIGNATURE: _____ DATE: _____

***** DO NOT WRITE BELOW THIS LINE *****

REMARKS				
DATE	INTERVIEWED BY:			2 ND :
NEATNESS 1 2 3 4 5 6 7 8 9 10		PERSONALITY 1 2 3 4 5 6 7 8 9 10		ABILITY 1 2 3 4 5 6 7 8 9 10
TABC EXP	DATE OF BIRTH	SS#	EMAIL ADDRESS	
SENT FOR TESTING: (ATTACH RESULTS TO APPLICATION)				DATE:
FORMER EMPLOYER CHECK/REFERENCE CHECKS/INTERVIEW NOTES				
Date hired:	Hired by:	Start date:	Position:	Rate of Pay.: