

Please read carefully. Print clearly and answer honestly. Upon employment, this application will become part of your permanent record with our company. If you have no information to enter in a section, please write N/A. Sign and date this form when complete.

<b>Personal Information</b>							
<b>Name (First, MI, Last)</b>				<b>Social Security</b>			
<b>Mailing Address</b>							
<b>City, State, and Zip Code</b>							
<b>Telephone</b>				<b>Alternate Phone</b>			
<b>If under 18, please list age</b>				<b>Email</b>			
<b>Are you eligible to work in the U.S.?</b> <input type="radio"/> Yes <input type="radio"/> No				<b>Have you ever been convicted of a felony?</b> <input type="radio"/> Yes <input type="radio"/> No If yes, explain:			
<b>Position/Availability</b>							
<b>Days/Hours available to work (Please list hours available for each day)</b>							
<input type="radio"/> I have no preference	<input type="radio"/> Mon.	<input type="radio"/> Tues.	<input type="radio"/> Wed.	<input type="radio"/> Thurs.	<input type="radio"/> Fri.	<input type="radio"/> Sat.	<input type="radio"/> Sun.
<b>Position Seeking</b>				<b>Wage Desired</b>			
<b>How many days can you work weekly?</b>				<b>Date you are available to start</b>			
<b>Please state the reasons you want to work at Rivals.</b>							
<b>Education</b>							
<i>School</i>	<i>Location (mailing address)</i>	<i>Years Completed</i>	<i>Major</i>	<i>Degree or Diploma</i>			
<b>High School</b>							
<b>College/Business/Trade School</b>							
<b>Skills/Qualifications</b>							

**Work Experience**

Please list your work experience beginning with you most recent job held.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No If no, please explain.		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No If no, please explain.		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No If no, please explain.		

**References**

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date