

Early's Carpet, Inc.

Flooring Specialist & More

14574 Lee Highway

Amissville, VA 20106

P.O. Box 21

540-937-5500

Application for Employment

Personal Information

Date: _____

Name:	License No.: Do you have a SSN:
Current Address:	City/Zip
Previous Address:	City/Zip
Home Phone:	Cell Phone:

Are you over the age of 18?	Yes No
Are you authorized to work in the U.S.?	Yes No
Did you ever serve in the U.S. military?	Yes No
Have you been convicted of a felony?	Yes No
Explain:	

Position Desired

Position Applying For:	
Date you can start:	Salary Desired:
Are you presently employed:	Yes No
May we contact your current employer?	Yes No

Education

	Name and Address	Years Attended	Degree/Area of Study
College/Trade School			
High School			

Special Studies/Certificates Held: _____

Employment History (start with most recent)

	Name and Address	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

References: Give the names of three people, not related to you, which you have known for at **least** one year.

Name	Address	Phone Number	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representation 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 foregoing, 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 (ADA) and other relevant federal and state laws.

Signature _____ **Date** _____