



APPLICATION OF EMPLOYMENT

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions (if applicable); or your application will be deemed incomplete and may not be considered.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Another Phone:
Are you eligible to work in the United States?	Yes No		
Are you 18 years of age or older?	Yes No	If no, what is your current age?	
Are you currently employed at Acuff Enterprises?	Yes No	If YES, what is your current job title & department?	
Have you ever been employed by Acuff Enterprises?	Yes No	If YES, dates of employment & reason for leaving:	
Are you related to any current employee at Acuff Enterprises, Inc.?	Yes No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	Yes No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at? Check all that apply:			
Job Bulletin (Posting) Walk-in Website Dept. of Labor Ad in <i>magazine</i> Referral by employee Ad in newspaper Other			

EDUCATION:

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		Yes No				
GED:		Yes No				
College:		Yes No				
College:		Yes No				
Other School:		Yes No				

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE:

Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk.:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk.:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	Full time Part-time If part-time, # hrs./wk.:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		

Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

REFERENCES: Below, please give the names of three persons you are not related to, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

SERVICE RECORD:

Branch of Service:	Discharge Date Rank:

HAVE YOU BEEN CONVICTED OF A FELONY? YES _____ NO _____

(If Yes, explain. Will not necessarily exclude you from consideration)

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

AUTHORIZATION-

"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 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 Acuff Enterprises, Inc from all liability for any damage that may result from utilization of such information.

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 foregoing, unless it is in writing and signed by an authorized company representative.

Applicant Signature: _____ Date: _____