



EMPLOYMENT APPLICATION

In order to be considered, this application must be filled out in its entirety. Application can be faxed to (936) 870-3355; e-mailed to Ruth Isaacs at r.isaacs@kolkhorst.com; mailed to P.O. Box 410, Navasota, TX 77868; or dropped off at any of our locations. Questions concerning the application, please call (936) 825-6868 Ext. 1003.

I. GENERAL INFORMATION

LAST NAME

FIRST NAME

M.I.

DRIVER'S LICENSE NUMBER

STATE

TELEPHONE NUMBER

OTHER NAMES USED

DATES USED

PRESENT ADDRESS

STREET NAME

APT#

CITY

STATE

ZIP CODE

Do you have a reliable means of getting to and from work? YES NO If NO, please explain:

Have you worked for Rattlers before: YES NO If YES, when?

STORE/LOCATION

POSITION

SUPERVISOR

Do you have friends or relatives working at Rattlers? YES NO If YES, list Name/Relationship

II. EMPLOYMENT PREFERENCE

POSITION APPLIED FOR:

- FULL-TIME
 PART-TIME

SALARY EXPECTED:

How many hours per week do you want to work?

Are you willing to work shifts? Please check.

- 6 am - 3 pm 3 pm - 12 am 12 am - 6 am

Are you willing to work? Please check.

- Nights Weekends Overtime Holidays

I can begin work on:

Were you referred by a Rattlers employee? YES NO If YES, Employee's Name:

~ Rattlers is an Equal Opportunity Employer ~

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III. EDUCATION, SKILLS & EXPERIENCE

	High School	College	Trade School
School Name			
School Address			
Diploma/Degree			

Please list any special skills, qualifications, training that you feel warrant consideration:

List any special equipment operating abilities (10-key, calculator, cash register, gasoline, personal computer, etc.)

U.S. Military History: (Upon employment, you will need to furnish a copy of your DD214.)

Branch of Service	Date Entered	Date Discharged	Type of Discharge

IV. EMPLOYMENT RECORD

List names of your present or previous employers beginning with the most recent/current employer. Be sure to account for all periods of time including military service, self-employment, and any period of unemployment.

1. Name of Present or Last Employer	Phone Number	Address	City, State

Starting Date	Last Day Worked	Starting Salary	Ending Salary	Job Title	Name of Supervisor
MONTH/YEAR /	MONTH/DAY/YEAR / /				

Type of Job	Job Description & Responsibilities
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	

Were you fired? YES NO

Reason for leaving? (Explain the reason/circumstances for you changing or wanting to change jobs.)

May we contact this employer? YES NO If NO, why?

Will they say whether or not you are re-hirable? YES NO If NO, why?

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IV. EMPLOYMENT RECORD *continued*

2. Name of Present or Last Employer	Phone Number	Address	City, State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Starting Date	Last Day Worked	Starting Salary	Ending Salary	Job Title	Name of Supervisor
MONTH/YEAR /	MONTH/DAY/YEAR / /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Job	Job Description & Responsibilities
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Starting Date	Last Day Worked	Starting Salary	Ending Salary	Job Title	Name of Supervisor
MONTH/YEAR /	MONTH/DAY/YEAR / /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Job	Job Description & Responsibilities
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="text"/>

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IV. EMPLOYMENT RECORD *continued*

Please explain fully any time gaps in your employment history?

V. PERSONAL REFERENCES

LIST THREE REFERENCES

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

VI. ADDRESS HISTORY

CURRENT ADDRESS

	FROM /	TO /
Street, City, County, State, ZIP Code	Month/Year	Month/Year

PREVIOUS ADDRESS

	FROM /	TO /
Street, City, County, State, ZIP Code	Month/Year	Month/Year

PREVIOUS ADDRESS

	FROM /	TO /
Street, City, County, State, ZIP Code	Month/Year	Month/Year

VII. SECURITY RECORD

1. Rattlers requires as a condition of continued employment that all of our employees participate in a drug screening within 24 hours of employment and in our random drug screen program. A positive result will result in dismissal. I agree to participate in the required and random drug testing program. YES NO
2. Have you ever been convicted of, plead guilty, or plead no contest to a misdemeanor or a felony, to include deferred adjudication, annulled, expunged, or sealed by a court? YES NO
If yes, give details below.

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VII. SECURITY RECORD *continued*

NOTE: Convictions are not necessarily a bar to employment, however, deception as to their existence or falsification of their exact nature will result in denial of employment or dismissal if employed.

Date	Violation	Court Location

VIII. ALCOHOL BEVERAGE SALES RECORD

Have you ever worked in a position which required you to sell or serve alcoholic beverages? YES NO

Have you attended a Certified Alcohol or Tobacco Selling class in the last 2 years? YES NO

If YES, do you have proof of attendance or certification card?

Alcohol Selling Class YES NO Tobacco Selling Class YES NO

Have you ever been convicted of any alcoholic or tobacco violation by any local or state agency? YES NO

If YES, please give dates and details.

IX. APPLICANT'S STATEMENT & PRE-EMPLOYMENT BACKGROUND CONSENT AND RELEASE

1. I understand that Rattlers is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap, disability, or any other category protected by law. I also understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
2. I authorize Rattlers and its representatives to verify all statements contained in this application, as well as: My education, employment experience, driving record, criminal record, statement made during the interview process and all other aspects of my background relevant to my propose employment.
3. I further understand that Rattlers may contact my previous employers and I authorize those employers to disclose to Rattlers all records including information pertaining to my performances, social security number, attendance record, dates of employment, any legal actions pending, last position held, reason for leaving, job responsibilities, rate of pay, rehire eligibility and other information pertinent to my employment with them. I agree to hold all former employers harmless for any such information as may be released by them. I also authorize Rattlers to provide truthful information concerning my employment with Rattlers to my future prospective employer(s) and I agree to hold Rattlers and its representatives harmless for providing such information.
4. If employed, I agree to conform to all company policies and procedures of Rattlers and with all rules and regulations made known at the time of employment or in the future; and to perform all duties assigned to me to the best of my ability. I recognize that my employment is for no definite length of time and my employment and compensation can be terminated at any time, with or without cause, at the option of Rattlers or myself. I also understand that no employee of Rattlers other than an Officer of the Corporation has the authority to enter into any agreement for employment for a specified time of compensation or for a specified time.
5. This application will be considered active for 30 days from the date below. If I wish to be considered for employment after that time, I understand that I must reapply.
6. By signing this application, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that, if employed, false statements on this application or false statements during the interviewing process shall be considered sufficient ground for dismissal or denial of employment, regardless of when such falsification may be discovered.

Initials

SIGNATURE OF APPLICANT

DATE