

APPLICATION FOR EMPLOYMENT

THE CRASH PAD: AN UNCOMMON HOSTEL

THANKS FOR YOUR INTEREST IN APPLYING WITH US. WE'RE EXCITED TO GET TO KNOW YOU A LITTLE BETTER AND THIS APPLICATION IS THE FIRST STEP IN DOING THAT. SO, WHEN IT COMES TO THE LONG FORM QUESTIONS (SEE PAGE 3), THERE ARE NO RIGHT OR WRONG ANSWERS. JUST BE YOU, NOT SOMEONE WHO YOU THINK WE WANT TO HEAR FROM. ALSO, WE HAVE TO LET YOU KNOW THAT WE'RE AN EQUAL OPPORTUNITY EMPLOYER AND WE'LL PROVIDE ANY REASONABLE ACCOMMODATION AS REQUIRED BY LAW. THANKS AGAIN.

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address		City/State		Zip Code		Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time or Part Time?			
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:			City & State		Graduate?	GED?	
Name of college or technical school:			City & State		Graduate?	Degree?	Major:
Are you presently enrolled in school?			If yes, give expected degree date:				
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for your work schedule?				
- Provide Three References Who Are Not Former Employers Who We May Contact -							
Name and Occupation			How do you know them, and for how long?			Phone Number	

YOUR EMPLOYMENT HISTORY

LIST NAMES OF EMPLOYERS WITH PRESENT OR LAST EMPLOYER LISTED FIRST.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title:
Address: City, State, Zip Code	Dates of Employment: From: _____ To: _____
	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
Address: City, State, Zip Code	Dates of Employment: From: _____ To: _____
	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title:
Address: City, State, Zip Code	Dates of Employment: From: _____ To: _____
	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	

YOUR PERSONALITY

1. PLEASE SUBMIT ALONG WITH THIS APPLICATION 1 WRITING PIECE AND 1 ARTISTIC PIECE (PHOTOGRAPHY, PAINTING, ANOTHER PIECE OF WRITING, ANYTHING). BELOW, GIVE US A SMALL INTRO INTO EACH PIECE AND WHAT THEY MEAN TO YOU.

WRITING PIECE:

ARTISTIC PIECE:

2. WRITE A SAMPLE FACEBOOK POST TO HYPE A FUNDRAISER WE'RE HAVING HERE AT THE HOSTEL. HERE'S ALL THE INFO FOR THIS HYPOTHETICAL EVENT:

START DATE/TIME: THIS SATURDAY NIGHT AT 7PM

EVENT: WILD/TRAILS FUNDRAISER

REFRESHMENTS: \$2 BEERS FROM BIG RIVER

3. WHAT DO YOU THINK ARE YOUR BIGGEST STRENGTHS? WEAKNESSES?

4. IN ORDER TO GET THE FULL GUEST EXPERIENCE, WHAT DAY IS BEST FOR YOU IN THE NEXT WEEK TO COME STAY AT THE HOSTEL FOR 1 NIGHT?

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:



Background Screening and Human Resource Solutions

Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Cash Pad (423-648-8393) Client Code: CASHP

Branch Code: CASH

Service Code: Level 1C [] OTHER [] (please select)

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO APPLICANTS

Your employer has contracted with First Contact HR to verify certain information contained in your application for employment (including contract for services) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested.

APPLICANT'S LEGAL NAME: _____ Last Name First M.I.

DAYTIME PHONE #: _____ EVENING #: _____

CURRENT HOME ADDRESS: _____ Street City/State Zip

DATE OF BIRTH: _____ SOCIAL SECURITY # _____ Month/Day/Year

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by First Contact HR, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that First Contact HR will verify all or part of the information I have given my employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT'S SIGNATURE: _____ DATE: _____

www.firstcontacthr.com

www.workercheck.com