

## APPLICATION FOR EMPLOYMENT

Position(s) Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS Number: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Available For: Full time ☐ Part time ☐ Both ☐

Shift Preferences: 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ Any ☐ Overtime: Yes ☐ No ☐

Have you ever worked here before? \_\_\_\_\_

If you answered yes, the dates of your employment were \_\_\_\_\_ and the location of your employment was \_\_\_\_\_

If hired, can you provide proof of identity and authorization to work in the United States?  
Yes ☐ No ☐

Are you at least 18 years or older? Yes ☐ No ☐  
(If no, you may be required to provide authorization to work.)

### EDUCATION:

Type of School	Name of School	Location (mailing address)	Field of Study	Number of Years Completed	Degree/ Diploma
High School					
Vocational or Trade School					
College					
Graduate					

## Employment Experience:

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Complete even if accompanied by a resume. Inaccurate or incomplete information could disqualify you from further consideration. *(Applicants may list work performed on a volunteer basis, but applicants need not include organizational names that indicate membership in a protected class.*

Please start with your most recent/current job.

Name of Employer	Employment Dates	
Address	From	To
City, State, Zip Code		
Phone Number	Your last job title	
Reason For Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Supervisor:		Telephone:

Name of Employer	Employment Dates	
Address	From	To
City, State, Zip Code		
Phone Number	Your last job title	
Reason For Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Supervisor:		Telephone:

Name of Employer	Employment Dates	
Address	From	To
City, State, Zip Code		
Phone Number	Your last job title	
Reason For Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Supervisor:	Telephone:	

### Additional Information:

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are job related.

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### Professional References:

\*List three supervisors or managers we may contact that you directly worked for.

**Company Name:** \_\_\_\_\_

Supervisor/Mgr. Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Supervisor/Mgr. Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Supervisor/Mgr. Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Roma Tile is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, or active military or veteran status participation in discrimination complaint-related activities, genetics, gender identity and expression, sexual orientation, or based on any individual's status in any group or class protected by applicable federal, state or local law.

**Applicant's Statement:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will not be required to submit to a polygraph test as part of my application for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all expectations, rules and requirements of the employer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

Name of Applicant: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Position Applied For is Open:      Yes\_\_\_\_\_      No\_\_\_\_\_

Positions Considered For: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Offered Position:      Yes\_\_\_\_\_      No\_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_