



RAINEY CAWTHON DISTRIBUTOR
601 W. MADISON ST. TALLAHASSEE, FL 32304

EMPLOYMENT APPLICATION

ALL APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE,
COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP

To be properly evaluated, this application must be filled out completely. Please use ink. If more space is needed, attach a separate sheet.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	TELEPHONE	INCLUDE AREA CODE					
ADDRESS					CITY	COUNTY	STATE	ZIP CODE	HOW LONG	
POSITION APPLYING FOR				LOCATION						
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAD ADJUDICATION WITHHELD? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHEN AND FOR WHAT REASON						
IN CASE OF EMERGENCY OR ACCIDENT, WHO SHOULD BE NOTIFIED:										
NAME			ADDRESS			RELATIONSHIP		PHONE		
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO										
IF YES, GIVE DATE _____ LOCATION _____										
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE ? _____										
IF YES, STATE NAME, RELATIONSHIP AND LOCATION										
CIRCLE HIGHEST GRADE COMPLETED		GRADE SCHOOL			HIGH SCHOOL			COLLEGE		
		1 2 3 4 5 6 7 8			9 10 11 12			1 2 3 4		
EMPLOYMENT EXPERIENCE (Enter Present or Most Recent Position First)										
COMPANY NAME			ADDRESS			CITY		STATE		ZIP
POSITION(S)		FROM MO/YR	TO MO/YR	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES				
COMPANY NAME			ADDRESS			CITY		STATE		ZIP
POSITION(S)		FROM MO/YR	TO MO/YR	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES				
COMPANY NAME			ADDRESS			CITY		STATE		ZIP
POSITION(S)		FROM MO/YR	TO MO/YR	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES				

List any other experiences, skills, or qualifications you feel are pertinent: _____

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. In addition, I understand that, if employed, I am in a 90-day probationary period and can be discharged without cause.

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

HIRED _____ STORE _____ POSITION _____ WAGES _____

APPROVED BY: _____