



RENT KING

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER
 DRUG FREE WORKPLACE

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER ____	
PRESENT ADDRESS	CITY	ST	ZIP
PHONE NUMBER ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO RENT KING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN EMPLOYED WITH RENT KING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST DATES:	
DO YOU KNOW ANYONE WHO WORKS AT RENT KING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE LOCATION AND YOUR RELATIONSHIP TO THEM:		

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE MORE THAN 6 POINTS ON YOUR LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION HISTORY

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	YRS.	DEGREE?
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL INFORMATION

LIST ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CIRRICULAR ACTIVITIES. DESCRIBE ANY SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE..

U.S. MILITARY OR NAVAL SERVICE	RANK

WORK HISTORY START WITH CURRENT OR LAST JOB FIRST

EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY	
ADDRESS	FROM	TO	STARTING	FINAL
PHONE NUMBER				
STARTING/PRESENT JOB TITLE	WORK PERFORMED			
SUPERVISOR				
REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY	
ADDRESS	FROM	TO	STARTING	FINAL
PHONE NUMBER				
STARTING/PRESENT JOB TITLE	WORK PERFORMED			
SUPERVISOR				
REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY	
ADDRESS	FROM	TO	STARTING	FINAL
PHONE NUMBER				
STARTING/PRESENT JOB TITLE	WORK PERFORMED			
SUPERVISOR				
REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

REFERENCES DO NOT INCLUDE ANY FAMILY MEMBERS OR PAST SUPERVISORS. PLEASE LIST PEOPLE YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	OCCUPATION	PHONE #	PERSONAL OR PROFESSIONAL?

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge and understand 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 the 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 RENT KING.

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 rules and regulations of the employer.

APPLICANT'S SIGNATURE _____

DATE _____