

EDUCATION

HIGH SCHOOL

COLLEGE

School Name, City / State		
Years Completed	9 10 11 12	1 2 3 4 Grad.

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, employment and other activities related to the job you are seeking. Please include any proficiency in a second language.

REFERENCES (List 3 non-relatives who are familiar with your qualifications and actual work history and ability.)

Name	Occupation/Relationship	Years Known	Telephone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT EXPERIENCE (Start with your present or last job. List your last 3 jobs in order. Do not omit any job.)

1) Employer: _____	Employed
Address: _____	From: _____ To: _____
City: _____ State: _____ Zip: _____	Salary (hourly)
Supervisor: _____ Telephone: _____	Starting: _____ Ending: _____
Your Job Position: _____	Duties: _____
What did you like most about your job?: _____	
What did you like least about your job?: _____	
Reason for leaving: _____	
2) Employer: _____	Employed
Address: _____	From: _____ To: _____
City: _____ State: _____ Zip: _____	Salary (hourly)
Supervisor: _____ Telephone: _____	Starting: _____ Ending: _____
Your Job Position: _____	Duties: _____
What did you like most about your job?: _____	
What did you like least about your job?: _____	
Reason for leaving: _____	

3) Employer: _____	Employed
Address: _____	From: _____ To: _____
City: _____ State: _____ Zip: _____	Salary (hourly)
Supervisor: _____ Telephone: _____	Starting: _____ Ending: _____
Your Job Position: _____	Duties: _____
What did you like most about your job?: _____	
What did you like least about your job?: _____	
Reason for leaving: _____	

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. Resumes may be submitted but will not be accepted in lieu of a completed and signed application. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false or misrepresentation of information will result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. Yes No

I understand that Roth's has a commitment to maintain an alcohol/drug-free workplace and that Roth's, unless prohibited by state law, requires a drug screening as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a saliva sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a confirmatory result from Clinical Reference Laboratory determines that my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration from employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. Yes No

I agree to conform to all rules and regulations of the Company as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.* Yes No

I understand that no representative of the Company is authorized to enter into an agreement of any specified length or to alter the at-will nature of the employment except in a written agreement signed by the President. Yes No

I understand that Roth's will contact me if they have a job offer and that Roth's does not discuss hiring decisions with applicants. Yes No

I have read, understand and agree with the above.

Signature of Applicant: _____ Date: _____

(Please print this application, fill it out and bring it to the store of your choosing for employment consideration.)

This application is valid for only three hundred sixty five (365) days from the date I signed. If I want to be considered for job openings more than three hundred sixty five (365) days from date signed, I will submit a new application.