



## FOX TOPS ALL, LLC Employment Application

FOX TOPS ALL, LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### Personal Data

First Name	Middle	Last	
Street Address	City	State	Zip Code
Home Telephone Number	Social Security Number	Today's Date	

Daytime Telephone Number at which we may contact you.

Are you 18 years of age or older?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been convicted of a crime?    Yes \_\_\_\_\_    No \_\_\_\_\_

If "Yes", please explain:

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How were you referred to FOX TOPS ALL, LLC?

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**Position Preferences**

For what position are you applying? \_\_\_\_\_

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

Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week or year)

Schedule desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of Hours Per Week \_\_\_\_\_

Could you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

What date could you start work? \_\_\_\_\_

Could you travel if required by this position? Yes \_\_\_\_\_ % of Time \_\_\_\_\_ No \_\_\_\_\_

**Education**

**High School**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**College**

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Graduate School**

School Name : \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

\_\_\_\_\_

List any Professional Affiliations to which you belong (please do not list activities which would indicated age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

\_\_\_\_\_

\_\_\_\_\_

**Previous Employment**

List you current or more recent employment first. Include work related internships, military and volunteer work.

Current Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_ May we Contact your Employer? Yes \_\_\_\_ No \_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_. Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Position Title: \_\_\_\_\_. May we contact your Employer? Yes \_\_\_ No \_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Title: \_\_\_\_\_. May we contact your Employer? Yes \_\_\_ No \_\_\_

Previous Employer: \_\_\_\_\_

City and State: : \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_. Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position Title: \_\_\_\_\_. May we contact your Employer? Yes \_\_\_ No \_\_\_

**Professional References**

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All hiring and employment at FOX TOPS ALL, LLC is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by the FOX TOPS ALL, LLC has no specific term and may be terminated by the employee or FOX TOPS ALL, LLC with or without notice.

Home Addresses (for the last 7 years, list most current first—use back for more space):

Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Date: \_\_\_\_\_ - \_\_\_\_\_.

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_.

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County \_\_\_\_\_

From – To Date: \_\_\_\_\_ - \_\_\_\_\_.

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_.

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Date: \_\_\_\_\_ - \_\_\_\_\_.

Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

From – To Dates: \_\_\_\_\_ - \_\_\_\_\_.

## **Applicant Release**

Please submit a resume with this Employment Application.

FOX TOPS ALL, LLC

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further, I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing do. I hereby consent to obtaining the above information from any former employer and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.*

### **Please Print Clearly:**

Print Full Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Print other names you have used: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_. Social Security #: \_\_\_\_\_

Current Drivers License #: \_\_\_\_\_. Issuing State: \_\_\_\_\_

Other Drivers License's: \_\_\_\_\_. Issuing State: \_\_\_\_\_