

JOB APPLICATION

Roaring 22 LLC

307-337-1396

Roaring 22 LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out the sections below:

Applicant Information

Applicant Name: _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available to work? _____

What hours or shifts are you available to work? _____

On what date can you start employment if hired? _____

Do you have reliable transportation to and from work? _____

Personal Information

Have you ever worked for Roaring 22 before? _____

YES

NO

If so, when? _____

Do you have friends, relatives, or acquaintances working for Roaring 22? _____

YES

NO

If YES, state name and relationship: _____

Are you a U.S. Citizen or approved to work in the United States? _____

YES

NO

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Previous Employment

Employer Name:

Job title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Dates Employed:

Reason for Leaving:

Employer Name:

Job title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Dates Employed:

Reason for Leaving:

AT-WILL EMPLOYMENT

The relationship between you and Roaring 22 LLC is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice by Roaring 22 LLC. No representative of Roaring 22 LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. By signing below you acknowledge that you understand that your employment is “at will”, and that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Applicant Signature:_____Dated:_____

Interviewed by: _____Dated:_____

Was the Applicant hired?

If Yes, what is the start date for employee?

Notes:
