



232 Willies Way
 Hazard, KY 41701
 Tele: 606-439-4887
 FAX: 606-435-1335
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APPLICATION FOR EMPLOYMENT

Position Applied For **Store Location (Hazard, London or Somerset)** **Date of Application**

How did you learn about us? Advertisement Friend Rental-Pro Employee
 Employee Office Relative Other

Last Name **First Name** **Middle Name** **Date of Birth (DOB)**

Home Address **City** **State** **ZIP Code**

Home Telephone Number **Cell phone Number** **Social Security Number (SSN)**

Best Time to Call? _____ (AM / PM).

Have you ever filed an Application with us before? ___ Yes / ___ No.

Have you ever been employed with Rental-PRO Before? ___ Yes / ___ No.

Do you have Friends or Relatives that work for Rental-Pro? ___ Yes / ___ No.

If yes give name, relationship & Store Location: _____

Are you Currently Employed? ___ Yes / ___ No. Are you currently "Laid-Off" subject to Recall? ___ Yes / ___ No.

May we Contact your Current Employer? ___ Yes / ___ No.

Date Available for Work? ___/___/___/.

What are you Desired Salary Range? _____ to _____ (Hourly Monthly Annual)

Are you Available to Work: Full Time Part Time Temporary?

Can you Travel if job requires it? ___ Yes / ___ No.

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EDUCATION:

<i>College Name</i>	<i>Location</i>	<i>Years Completed</i>	<i>Degree/Diploma</i>
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<i>High School Name</i>	<i>Location</i>	<i>Years Completed</i>	<i>Graduated</i>
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<i>Vocational/Technical</i>	<i>Location</i>	<i>Years Completed</i>	<i>Graduated</i>
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<i>Military Service</i>	<i>Branch Armed Forces</i>	<i>Year Discharged</i>	<i>Type of Discharge</i>
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Driver's License: State Driver's License / KDL#: _____; Exp: ___/___; Valid Medical Card

Any Traffic Violations in last three years? ___ Yes / ___ No. (If yes) describe violation: _____

WORK EXPERIENCE:

Employer (Current/Last)

Employer (Last/Previous)

Employer's Address

Employer's Address

Employer's Telephone Number

Employer Telephone Number

Supervisor Name

Supervisor Name

Reason for Leaving

Reason for Leaving

Date Employed from – *Date Employed to*

Date Employed from – *Date Employed to*

Starting Rate / Final Rate (Hourly Monthly Annual)

Starting Rate / Final Rate (Hourly Monthly Annual)

May we Contact Employer? ___ Yes / ___ No.

May we Contact Employer? ___ Yes / ___ No.

Work Performed

Work Performed

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SPECIALIZED SKILLS:

CDL License Welding Heavy Equipment Operator Diesel Engine Repair Small Engine Repair

State any additional information you feel that may be helpful to us in considering your application for employment: _____

_____.

Are you capable of performing in a manner with or without reasonable accommodations, with the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation have been given. ____ Yes / ____ No.

PERSONAL/PREFESSIONAL REFERENCES:

(No relatives or family members)

NAME	TELEPHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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 understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with RENTAL-PRO is of an "at will" nature, which means that the employee (RENTAL-PRO) may resign at any time and the employer may discharge 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 RENTAL-PRO.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, and also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date
