

# Christopher Equipment

<b>Tullahoma</b>	<b>2117 North Jackson St Tullahoma TN 37388</b>	<b>931-455-3900</b>
<b>Manchester</b>	<b>2009 McArthur St Manchester TN 37355</b>	<b>931-728-5484</b>
<b>Shelbyville</b>	<b>1198 Madison St Shelbyville TN 37160</b>	<b>931-684-0505</b>
<b>Fayetteville</b>	<b>1850 Pulaski Hwy Fayetteville TN 37334</b>	<b>931-297-2600</b>

## APPLICATION FOR EMPLOYMENT

Applying for which location?  Tullahoma  Manchester  Shelbyville  Fayetteville  
 Pass a Drug Screen  Work Weekends  Previous Rental experience

	DATE _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
Telephone _____	
If under 18, please list age _____	
Email Address _____	
Position applied for (1) _____	
Wage desired (2) _____	
Employment desired	<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME
When available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your means of transportation to work? _____
Driver's license number _____ State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____
Have you had any accidents during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Phone # _____	Phone # _____
Company _____	Company _____
Address _____	Address _____

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Date Month And Year	Name, Address and Phone Number Of Previous Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand and agree that, if my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice"

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Please save and email this form to [Grant@christopherequipment.com](mailto:Grant@christopherequipment.com) or print and bring into any location.**