



Bob Roncker's Running Spot Employment Application

PERSONAL INFORMATION

NAME	SOCIAL SECURITY NUMBER
ADDRESS	DATE OF BIRTH
PHONE	ARE YOU 18 YEARS OR OLDER?
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	

RUNNING SPOT EMPLOYMENT

POSITION DESIRED	TODAY'S DATE	STARTING DATE
CURRENT EMPLOYER	MAY WE CONTACT YOUR CURRENT EMPLOYER?	DESIRED SALARY
HAVE YOU APPLIED TO BOB RONCKER'S RUNNING SPOT BEFORE? IF SO, WHEN?		
REFERRED BY		
PLEASE INDICATE THE DAYS/HOURS YOU ARE ABLE TO WORK. THE RUNNING SPOT IS OPEN MONDAY-FRIDAY 11:00-7:00, SATURDAY 10:00-4:00 AND SUNDAY 12:00-4:00		

EDUCATION

EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	YEAR OF GRADUATION	DEGREE ATTAINED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SKILLS/INTERESTS

AREAS OF INTEREST		
SPECIAL SKILLS/COMPUTER SKILLS		
ACTIVITIES/CLUB MEMBERSHIPS		
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES



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EXPERIENCE

DATE OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

PLEASE EXPLAIN WHICH JOB YOU ENJOYED THE MOST AND WHY.

PLEASE EXPLAIN WHY YOU WISH TO WORK AT BOB RONCKER'S RUNNING SPOT. EXPLAIN WHAT SKILLS YOU WILL BRING TO THE STORE.

REFERENCES

Please list three references, excluding family members that you have known for at least one year.

NAME	ADDRESS/PHONE/E-MAIL	HOW ACQUAINTED	YEARS ACQUAINTED

EMERGENCY

IN CASE OF EMERGENCY, PLEASE NOTIFY	NAME	ADDRESS	PHONE NUMBER

WAIVER

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE	SIGNATURE