

621 Maxwell Street, Cookeville, TN 38501 931-400-0300 | FranklinFixtures.com email completed application to: joy@franklinfixtures.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Compl	etely fill out this application. Incomplete a	applications may not receive consideration.			
Name:	Date:				
Address:					
City:	State:	Zip:			
Phone:					
1. I understand and agree that any misrepress f I become employed. 2. If hired, Franklin Fixtures reserves the right notice other than is required by law. 3. I give Franklin Fixtures and it's agents the r ob related. I hereby release Franklin Fixtures corporations or organizations for furnishing su 4. Franklin Fixtures is a weapon, drug & tobac during morning break, lunch break & afternoo without cause. Posssesion of weapons or illeg 5. Franklin Fixtures is committed to equal opp	ito terminate my employment at any time right to investigate all references and to so and it's agents from liability for seeking such information. Seco free facility. Use of tobacco is only performed in break. Franklin Fixtures reserves the rigal drugs on company property are ground	e, with or without cause and without prior secure additional information about me if such information and all other persons, ermitted in designated areas and only ight to perform random drug testing with or nds for immediate dismissal.			
most qualified and responsible people it can to the purpose of limiting or excluding any applicable. I certify that I am either a citizen or national alien authorized by the Immigration & Natural Applicants Signature:	hat it feels will contribute to our success. cants consideration on a basis prohibited of the United States, an alien lawfully ac	No question on this application is used for by local, state or federal laws. dmitted for permanent residence, or an			
EMPLOYMENT DESIRED					
Position:	or type of work you are	applying for: Factory Office			
Are you currently employed? ☐ No ☐	Yes If yes, may we contact you	ur employer? ☐ No ☐ Yes			
Date you can begin:	Range of pay you require (wee	kly or hourly)			
RELIABILITY					
Plant hours are 6:30 am to 5:00 pm Mon Will you be able to get to work on time? Do you have a reliable means of getting to work on time and the second of t	No ☐Yes Will you be able to work work? ☐No ☐Yes Will you be able t y valid drivers license? ☐ Not driving	to work a full week? No Yes			
Will you be able to call if you will be late or absent from work? ☐ No ☐ Yes					

EDUCATION	Please provide us with information on your education					
	Name & Location	Primary St	Primary Study			
High				☐ Yes		
School				☐ No		
Trade				☐ Yes		
School				□ No		
College				Yes		
-				□ No		
Military Education				Yes		
				☐ No☐ Yes		
Other Education				□ No		
EMPLOYMENT HISTO	RV Place list	t from most recent employ	vor firet			
Name & Location of Company		Please list from most recent employer Supervisor's Name		74		
	Supervisor 5 Nume		Dates Employe	,u		
	Day 1			From:		
	Payrate:	Payrate:		To:		
Position	Reason for leaving:					
Name & Location of Compa	ny Supervisor's Name	Supervisor's Name		Dates Employed		
			From:			
	Payrate:		1 10111.			
D '''				То:		
Position	Reason for leaving:					
Name & Location of Company	ny Supervisor's Name	Supervisor's Name		Dates Employed		
				From:		
	Payrate:	Payrate:				
Position	Reason for leaving:		То:			
Name & Location of Compa	ny Supervisor's Name	Supervisor's Name		Dates Employed		
			From:			
	Payrate:	Payrate:				
Position	Reason for leaving:	Peacen for leaving:				
1 Osition	reason for leaving.					
REFERENCES	Please list t	three references not relate	d to you			
Name	Town & State	Town & State Phone Nur		ears Known		