

DATE: \_\_\_\_\_

**PERSONAL INFORMATION – Please submit your completed application to [Nashville@twooldhippies.com](mailto:Nashville@twooldhippies.com)**

Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:			
Day Phone:		Other Phone:	
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime or violation other than a minor traffic infraction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT**

Type of work or position desired:
Salary desired:
How were you referred to our organization?

**SKILLS:** Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).


**WORK EXPERIENCE-** Begin with your most recent employer. If you held multiple positions with the same organization, please detail each position and attach additional sheets if necessary. Please explain any gaps in employment. Include full-time military or volunteer commitments. Application must be completed in full, even if attaching a resume. This section continued on next page.

<b>Dates Employed (most recent position)</b> From:                      To	<b>Organization Name and Address:</b>	<b>Title:</b>
Starting Salary:	Final Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:                      To	<b>Organization Name and Address:</b>	<b>Title:</b>

Starting Salary:	Final Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:                      To	<b>Organization Name and Address:</b>	<b>Title:</b>
Starting Salary:	Final Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:                      To	<b>Organization Name and Address:</b>	<b>Title:</b>
Starting Salary:	Final Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

### REFERENCES

<b>Name:</b>	<b>Occupation:</b>
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Home Address:	How long known:
Contact Phone:	Relationship:
<b>Name:</b>	<b>Occupation:</b>
Home Address:	How long known:
Contact Phone:	Relationship:

Have you ever been employed by Two Old Hippiess? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment, location, and reason for leaving:
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**NOTIFICATION AND AGREEMENT – PLEASE READ BEFORE SIGNING**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

<b>Applicant Signature:</b>	<b>Date:</b>	
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