

EMPLOYMENT APPLICATION

1. EMPLOYER INFORMATION

	III Olima i lott
Employer:	The Speckled Trout Outfitters, LLC
Address:	916 Main Street
City/State/ZIP:	
Telephone:	828-773-8852
Email:	outfitters@thespeckledtrout.com
to all applicants and	Speckled Trout Outfitters, LLC to provide equal employment opportunities employees without regard to any legally protected status such as race, er, national origin, age, disability or veteran status.
2. APPLICANT	INFORMATION
Applicant Full Name	
Home Address:	
City/State/ZIP:	
	his address:
	Evening phone:
Mobile phone:	
Social Security Number	per:
Driver's License (Stat	re/Number):
3. EMERGENCY	CONTACT
Contact Name:	acted if you are involved in an emergency?
Relationship to you: Address:	
	
City/State/ZIP:	Evening phone:
Daytime phone	Evening priorie.
4. EMPLOYMEN	IT SOUGHT
Job Position Applied	For:
Full or Part Time?	



Salary Desired:	\$	per	-	
Who referred you	to our comp	any?		
Do you have any f	riends or rela	atives who work here? If ye	es, please list here	e:
Are you at least 18	years old?_	Yes No		
If no, please state	any limitatio	t, including nights and weens:	ekends? Ye	s No
If you are offered of	employment,	when would you be availa	ble to begin worl	κ?
If hired, are you ab States? Yes		proof that you are legally e	eligible for emplo	yment in the United
4. APPLICAN	T'S SKILLS			
experience and cire	cle the numb	I for the job you are seekin er which corresponds to yo hile five represents excepti	our ability for eac	•
Skill		Years of Expe	rience	Ability or Rating 12345 12345
5. APPLICAN	T EMPLOYM	ENT HISTORY		
employment and n	nilitary servions ps in employ	t employment first. Please te) which you have held, be ment. If additional space is	eginning with the	most recent, and list
Employer Name: Supervisor Name:				



Address:
City/State/ZIP:
Telephone:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Telephone:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Telephone:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
6. REFERENCES
List any two non-relatives who would be willing to provide a reference for you.
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:



7. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:
you are bound by any agreement with any turrent employer.
TST-O lives and operates by its values. Please tell us what each of our values means to you.
- Integrity:
- Stewardship:
- Community
- Excellence
If hired, what would you contribute to the TST-O team and culture?
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What do you consider your greatest strength? Your greatest weakness?				
CERTIFICATION				
•	is application is truthful and accurate. I understand on will be the basis for rejection of my application, ermination.			
organizations regarding my employment an educational organizations to fully and freely employment, attendance, and grades. I auth	C to contact former employers and educational d education. I authorize my former employers and communicate information regarding my previous norize those persons designated as references to egarding my previous employment and education.			
written contract of employment signed on be employment relationship will be "at-will." In voluntary in nature, and either I or my employer elationship at any time and without cause. complete discretion to end the employment choice. Similarly, my employer will have the employee of The Speckled Trout Outfitters,	zation by its Manager, has the power to alter or vary			
I HAVE CAREFULLY READ THE ABOVE CERTIF TERMS.	FICATION AND I UNDERSTAND AND AGREE TO ITS			
APPLICANT SIGNATURE	DATE			