



# Rosie's Garage 2019-2020 Employment Application

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Male / Female (Circle One)      Shirt Size: XS S M L XL (Circle One)      Date of Birth: \_\_\_\_\_

Physical limitations  
(Be specific; if none, write none) \_\_\_\_\_

### Your availability:

Hours per week (Specify) \_\_\_\_\_ Preferred days \_\_\_\_\_

### VOLUNTEER/EMPLOYMENT EXPERIENCE

In lieu of completing this section, I have submitted a resume, which shall be attached to this application.

### IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

### DRIVING INFORMATION

If you are employed for a position that requires driving, Rosie's Garage requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the employee position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

As an employee, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Rosie's Garage to file with this application. I will immediately notify my employer if my driver's license is restricted, suspended, revoked, or expired.

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License \_\_\_\_\_ State issued \_\_\_\_\_

Expiration date \_\_\_\_\_

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



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## CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain below. Note, answering yes will not automatically prohibit individuals from becoming employed, but will be considered with respect to time, circumstances, seriousness and relationships to employment responsibilities. Some employment positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.

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My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my employment being denied. Furthermore, my signature below provides my authorization to the nonprofit to conduct a driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian signature needed if applicant is under 18 years of age

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ALL ACTIVITIES ASSOCIATED WITH ROSIE'S GARAGE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in activities at Rosie's Garage, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in activities at Rosie's Garage.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activities.

In consideration of my application and permitting me to participate in activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the sites, activities, events, volunteer/intern/employment, and field

