



Applications can be emailed to:
Offthewallatcrestwood@gmail.com

Applications can be
dropped off at:
Off The Wall
7001 Crestwood Blvd
Suite 616
Birmingham AL 35210

APPLICATION FOR EMPLOYMENT

Resumes will not be accepted in lieu of an application but are welcome IN ADDITION to the application. Complete the application in its entirety. **Incomplete applications will not be processed.** Please print clearly or type responses.

Prospective employees will receive consideration without discrimination because of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

Position(s) Applying For: _____ Date of Submission: _____

Please list specific positions/job titles. If more than one is listed, please list them in order of preference (1st, 2nd, 3rd)

PERSONAL INFO

Name: _____
Last Name First Middle

Address: _____
Street Address City State Zip

Daytime Phone #: _____ Email: _____

Are you at least 16 years old? Yes No

Have you ever been fired, or resigned from any position in lieu of termination? Yes No If yes, please explain:

Have you ever been employed by Off The Wall company? Yes No If yes, please list position(s) & dates:

Do you have any friends/relatives currently working with us? Yes No If yes, indicate who:

Can you provide documents to prove that you are authorized to work in the United States? Yes No
Documents are required upon employment.

EDUCATION INFO

	High School				Vocational/Technical				College/University			
School Name												
Highest Year Fully Completed (Check highest year)	9 th <input type="checkbox"/>	10 th <input type="checkbox"/>	11 th <input type="checkbox"/>	12 th <input type="checkbox"/>	1yr <input type="checkbox"/>	2yrs <input type="checkbox"/>	3yrs <input type="checkbox"/>	4yrs <input type="checkbox"/>	1yr <input type="checkbox"/>	2yrs <input type="checkbox"/>	3yrs <input type="checkbox"/>	4yrs <input type="checkbox"/>
Diploma/Degree(s) Earned												

List any additional info: (specialized training, certifications, skills, honors, etc.)



EMPLOYMENT HISTORY

List all experience **beginning with your current or most recent employer**. Include military experience. Please make copies of this page if additional space is needed. Resumes may be attached to this application as supplemental material.

Company Name: _____ **Telephone #:** _____

Address: _____
Street Address City State Zip

Dates of Employment: From: _____ To: _____ **Hours Worked Per Week:** _____
Month/Year Month/Year

Hourly/Salary Pay: From: _____ To: _____ **Supervisor's Name:** _____

Your Job Title: _____

Specific Duties:

Reason for Leaving Position: _____

May we contact this employer regarding your work record? Yes No

Company Name: _____ **Telephone #:** _____

Address: _____
Street Address City State Zip

Dates of Employment: From: _____ To: _____ **Hours Worked Per Week:** _____
Month/Year Month/Year

Hourly/Salary Pay: From: _____ To: _____ **Supervisor's Name:** _____

Your Job Title: _____

Specific Duties:

Reason for Leaving Position: _____

May we contact this employer regarding your work record? Yes No

Company Name: _____ **Telephone #:** _____

Address: _____
Street Address City State Zip

Dates of Employment: From: _____ To: _____ **Hours Worked Per Week:** _____
Month/Year Month/Year

Hourly/Salary Pay: From: _____ To: _____ **Supervisor's Name:** _____

Your Job Title: _____

Specific Duties:

Reason for Leaving Position: _____

May we contact this employer regarding your work record? Yes No

EMPLOYMENT HISTORY CONTINUED

Company Name: _____ **Telephone #:** _____

Address: _____
Street Address City State Zip

Dates of Employment: From: _____ To: _____ **Hours Worked Per Week:** _____
Month/Year Month/Year

Hourly/Salary Pay: From: _____ To: _____ **Supervisor's Name:** _____

Your Job Title: _____

Specific Duties:

Reason for Leaving Position: _____

May we contact this employer regarding your work record? Yes No

ADDITIONAL INFO

How did you hear about this position? _____

I am interested in working: Full Time Part Time Seasonal On Call
(40 hrs per week) (15-25 hrs per week)

Availability: (List your *reoccurring* weekly availability. Please also note any *reoccurring* weekly conflicts.)

Shifts vary based on position, but could include mornings, afternoons, evenings, weekends, & holidays

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Why do you want to work with us?

State any additional information you feel may be helpful to us in considering your application:

APPLICANT AUTHORIZATION

I certify that facts and information given on this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate terminate of employment, regardless of when or how discovered.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made, and information may be obtained through interviews with personal references and past employers, a possible criminal history check and/or a possible driver's record check. I consent to the investigation and to the consideration of any statements of references, former employers, or others that are given in response to the inquiry.

I hereby release all parties, including by not limited to Off The Wall personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Off The Wall on the basis of such information.

This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from Off The Wall, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment. I certify that I understand all parts of it and have answered all questions completely and fully.

Printed Name

Applicant's Signature

Date

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