



**SERVING HIM LP.  
DBA RENTAL STOP**

Thank you for submitting an application for employment. RENTAL STOP has been in business since 1982. It owns two rental stores. RENTAL STOP does not discriminate on the basis of race, color national origin, sex, religion, age, disability or veteran status, or any other criterion made unlawful under applicable federal or state laws. You are not required to provide us with any information prohibited by law.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date From: \_\_\_\_\_ Present: \_\_\_\_\_ Must have addresses for last 7 years beginning with your present address. Use additional paper if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AVAILABILITY:**

List hours available to work per week:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

If offered a job how long do you expect to work here? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL/ COLLEGE	CITY, STATE	CONTACT PERSON: TEACHER/ COUNSELOR OR DEPARTMENT	LAST GRADE COMPLETED	GRADUATED OR NOW ENROLLED	YEAR GRADUATED

Sports/Activities: \_\_\_\_\_

**HOW WOULD YOU RATE YOURSELF?**

(1=Weak 2=Improvement Needed 3=Solid 4=Strength 5=Superstar)

\_\_\_\_\_ Hospitality: Your natural friendliness and customer service skills

\_\_\_\_\_ Energy Level: Your enthusiasm, self-motivation and sense of urgency.

\_\_\_\_\_ Reliability: Your dependability, attendance, self-discipline and dedication

\_\_\_\_\_ Communication Skills: Your ability to listen well, express yourself clearly and accept feedback.

\_\_\_\_\_ Personal Pride: Your appearance, hygiene and achievement.

\_\_\_\_\_ Teamwork: Your cooperation with others and team spirit.



### BACKGROUND

Are you under 18? \_\_\_\_\_ If yes, can you provide proof of your age? \_\_\_\_\_

If yes, give age and birth date: \_\_\_\_\_

How did you hear of this job? \_\_\_\_\_

Do you have reliable transportation to get to work? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been counseled or disciplined for cash handling violations? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been counseled or disciplined for being late or absent from work or school? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a crime involving dishonesty? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a crime involving violence to another person? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, give dates charged, penalty assessed or disposition\*\* (Use additional paper if necessary to provide more information):

\_\_\_\_\_  
\_\_\_\_\_

\*\* A "Yes" answer to any of these questions will not necessarily bar you from employment. Factors like the nature of the crime, your age at the time of its commission, the length of time since conviction, your rehabilitation efforts, the work relatedness of the crime, etc.

### INSURANCE & TEXAS DRIVERS LICENSE

In the event you are required to use your personal or company vehicles to conduct business, please complete the following:

Do you have automobile liability insurance? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have a valid driver's license? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, indicate \_\_\_\_\_  
State Number Expiration Date

### WORK EXPERIENCE

Start with present or most recent employer. May we contact these employers? \_\_\_\_\_Yes \_\_\_\_\_No

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	



**WORK EXPERIENCE (CONT...)**

Start with present or most recent employer. May we contact these employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	

COMPANY NAME & ADDRESS	POSITION	DATES EMPLOYED	ENDING WAGE
	SUPERVISOR	FROM	REASON FOR LEAVING
	SUPERVISOR'S TELEPHONE	TO	

**MILITARY**

WERE YOU EVER IN THE ARMED FORCES _____ YES _____ NO	BRANCH OF SERVICE:
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STARTING RANK:	RANK AT DISCHARGE:
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WAS YOUR DISCHARGE FROM THE MILITARY ANYTHING OTHER THAN HONORABLE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES OF YOUR DISCHARGE (USE ADDITIONAL PAPER IF NECESSARY)

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SPECIALIZED TRAINING OR EXPERIENCE: (IDENTIFY)



**REFERENCES**

List 3 school, business or personal references that you give permission for us to contact. They should not be related to you.

NAME	TELEPHONE	KNOWN HOW LONG	CHECK TYPE OF REFERENCE		
			School	Work	Personal

**LEGAL:**

The Immigration and Control Act of 1986 requires that, if hired, before you start to work you present to the selecting person documents which establish your identity and eligibility to work in the U. S. Some of the more common documents available are:

<p><b>Any</b>     ___ Current U. S. Passport; or</p> <p>          ___ Certificate of Citizenship; or</p> <p><b>One</b> <math>\Rightarrow</math> ___ Certificate of Naturalization; or</p> <p>          ___ Current Foreign Passport with Valid Work Visa; or</p> <p><b>Of:</b>     ___ "Green Card" with Photo</p>	<p><b>One</b> <math>\Rightarrow</math> ___ Social Security Card (no photo)</p> <p><b>Of</b>     ___ U. S. Birth Certificate (no photo)</p> <p style="text-align: center;"><b>Or</b></p> <p><b>AND</b></p> <p><b>One</b> <math>\Rightarrow</math> ___ Drivers License (with photo)</p> <p><b>Of:</b>     ___ State ID Cart (with photo)</p>
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You must read and sign the following conditions and certifications:

**Prior to employment by Serving Him, LP.. I agree to submit to a drug test. I understand that failure to pass this screening will result in no offer of employment. If employed, I agree to submit to drug testing whenever directed by management.**

I declare my answers to the questions on this application are true, and give Serving Him LP.. and its affiliates and their representatives the right to investigate all information given and to secure additional information, if necessary. I understand that an investigation report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors and others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, personal characteristics, whichever may be applicable. This information may include, but is not limited to verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal records, etc. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. In accordance with the law, I hereby release from liability of responsibility all persons, companies, organizations or corporations furnishing such information.

If employed, I agree to conform to the rules and regulations of Serving Him, LP.. and understand that my employment may be terminated if I violate them. I further understand that any misleading or incorrect statements or the incomplete filling out of the application may render this application void and, if employed, may be cause for immediate dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU DO DRUGS.... DON'T WASTE OUR TIME OR YOURS!**



**ADDENDUM TO EMPLOYMENT APPLICATION**

I, \_\_\_\_\_ certify that all my statements and representations made in my Employment Application, resumes and interviews are true and correct, and I have withheld no relevant information which would, if disclosed, adversely affect my application. I understand that the Company relies upon such statements and representations in making its employment decision. I authorize the Company to undertake, or cause to be undertaken, and investigation(s) to cover, without limitation, one or more of the following items:

- 1.The obtaining of information concerning my educational background from any institution or other source;
- 2.The obtaining of information concerning my employment history (including United States military service, if applicable), from any prior employer or other source;
- 3.The obtaining of information concerning me, if any, which may be obtained from public records;
4. The obtaining of a credit report concerning me;
- 5.The obtaining of a consumer investigative report. In this regard, I acknowledge the following disclosure was made to be by the Company in accordance with the Fair Credit Reporting Act, Public Law 91-508:

The Company may request an investigation which would provide information concerning your character, general reputation, personal characteristics and mode of living, and that if one is made additional information as to the nature and scope of the report will be furnished to you upon your written request.

I authorize all persons, institutions, prior employers, organizations and companies to furnish any and all pertinent information known to them about me, and all such parties can rely on the photocopy of the Addendum as if it were an original. I further authorize the Company to furnish information contained on my employment application to any third party to aid the Company in making its employment decision concerning me.

Date of Birth	Signature of Applicant	Date
Driver's License Number	Social Security Number	



**CONSENT TO BACKGROUND INVESTIGATION**

I authorize RENTAL STOP and or its affiliates (Dale Simpson & Associates, Inc.) to conduct and investigation concerning, and or to obtain from a consumer reporting agency a report concerning my credit, character, general reputation, personal characteristics, and mode of living for the purpose of determining my eligibility for employment or continued employment. I also understand that if a report from a consumer reporting agency is the basis for adverse employment action, I will be furnished a copy of the report and the name and address of the consumer reporting agency and a summary of individual rights I may have under the Fair Credit Reporting Act. This authorization shall remain valid until I furnish RENTAL STOP written notice of revocation.

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**DRUG TESTING**

I, \_\_\_\_\_ understand that prior to employment I must pay \$35.00 for a drug test. If I am still employed after 3 (three) months, the company will reimburse me the cost of this drug test. I further understand that the company may periodically perform random drug tests at the company's expense.

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature