

TWIST OF PINE APPLICATION

Hourly Employee Vendor

NAME _____
FIRST MIDDLE LAST IF YOU ARE A BUSINESS, PLEASE LIST BUSINESS NAME HERE

ADDRESS _____
ADDRESS CITY STATE ZIP BUSINESS ID NUMBER

CELL NUMBER _____ HOME PHONE _____

DO YOU ACCEPT TEXT MESSAGES? _____ USE EMAIL ADDRESS or MESSENGER? _____

ARE YOU OVER THE AGE OF 14? _____ 18? _____ DO YOU HAVE A DRIVERS LICENSE? _____

DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES? _____ Forms Attached _____
(YOU WILL NEED TO FILL OUT THE FORMS ATTACHED AND PROVIDE DOCUMENTATION)

OUR JOBS ARE CONSIDERED CASUAL OR TEMPORARY AND ARE BASED ON SHEDULED EVENTS, SOME JOBS/PROJECTS ARE REQUIRED TO FIT A VERY SPECIFIC TIME SCHEDULE, OTHERS ARE FLEXIBLE. PLEASE FILL OUT DAYS YOU ARE LOOKING FOR WORK ON THE FIRST SET OF BOXES, AND ON THE SECOND SET OF BOXES, PLEASE MARK ANY TIMES YOU ARE NOT AVAILABLE.

*Please use the area on each of these days, to give us an idea of the times you are **NORMALLY** available to work.*

OUR SCHEDULED EVENTS TIMES CAN RANGE ANYTIME FROM 6:00 A.M. TO MIDNIGHT

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

*Please use the area below to give an idea of the days/times you are **NOT** available to work.*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

UNIFORM SIZING

Some jobs require the wearing of specific items, like a uniform or Twist of Pine shirt. What Unisex size fits you best?

XSMALL SMALL MEDIUM LARGE XL 2XL 2XLT 3XL 3XLT 4XL 4XLT

Attributes, Special Skills or Hobbies

Mark any of these skills and or hobbies you have that might make you a good choice for one of our unique opportunities.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Sewing | <input type="checkbox"/> Crafter | <input type="checkbox"/> Florist | <input type="checkbox"/> Bartending |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Detailed | <input type="checkbox"/> Canning | <input type="checkbox"/> Gardening | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Cookie Decorating | <input type="checkbox"/> Applying Makeup | <input type="checkbox"/> Hairstyling | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Dog Sitting |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Golf | <input type="checkbox"/> Hiking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Shopping | <input type="checkbox"/> Social Media | <input type="checkbox"/> Do-It-Yourselfer | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Party Planning | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Creative | <input type="checkbox"/> Creative Writer | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Personable | <input type="checkbox"/> Hostessing | <input type="checkbox"/> Singing/Instrument | <input type="checkbox"/> Seamstress | <input type="checkbox"/> Hunter |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Retail | <input type="checkbox"/> Pool maintenance | <input type="checkbox"/> painter/decorator | <input type="checkbox"/> food enthusiast |
| <input type="checkbox"/> Acting/Plays | <input type="checkbox"/> scrapbooker | <input type="checkbox"/> landscaper | <input type="checkbox"/> furniture moving | <input type="checkbox"/> hard worker |
| <input type="checkbox"/> dependable | <input type="checkbox"/> Videography | <input type="checkbox"/> History Buff | <input type="checkbox"/> Chauffeur / Driver | <input type="checkbox"/> Pilot |

List anything here you think is a personal attribute, personality style, skill or hobby that we might find interesting. _____

Software, Hardware and Specialty Skills

Mark any of these software packages and skills you have that might make you a good choice for our unique opportunities.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> InDesign | <input type="checkbox"/> Photoshop | <input type="checkbox"/> Lightroom | <input type="checkbox"/> Word | <input type="checkbox"/> Excel |
| <input type="checkbox"/> Illustrator | <input type="checkbox"/> Premier | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Spark | <input type="checkbox"/> Adobe Acrobat |
| <input type="checkbox"/> iTunes | <input type="checkbox"/> Dropbox | <input type="checkbox"/> Messenger | <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Snapchat | <input type="checkbox"/> Twitter | <input type="checkbox"/> Table Saw | <input type="checkbox"/> Hammer |
| <input type="checkbox"/> Level | <input type="checkbox"/> Power Drill | <input type="checkbox"/> Power Screwdriver | <input type="checkbox"/> Spray Painter | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Lathe | <input type="checkbox"/> Sawmill | <input type="checkbox"/> Handsaw | <input type="checkbox"/> Sanding/Sander | <input type="checkbox"/> Painting- Roller Brush |
| <input type="checkbox"/> Detailed Painting | <input type="checkbox"/> Carpet Cleaner | <input type="checkbox"/> Rug Shampooer | <input type="checkbox"/> Pool Vacuum | <input type="checkbox"/> Kitchen Aide Mixer |

ANYTHING ELSE Please list if you think it might be of interest to us. _____

Medical Limitations

Some of our jobs will require you to be able to do a few physical things. Telling us about your limitations only helps us get you in the right position, for you and for us. Check if you are able to do the following (with or without reasonable accommodation) and if you want to add notes, please feel free.

- Lift and move at least 20 Lbs? _____
- Work outside, and in a variety of weather conditions? _____
- Standing. Most of our jobs will involve a fair amount of standing - does this work for you? _____
- OTHER - Please mark and explain any other work related limitations we should be aware of before making our schedules? _____

EMPLOYMENT HISTORY Please list your work experience for the past few years beginning with your most recent/ and our current job.

COMPANY NAME _____ Dates Employed: _____

Town/State: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

COMPANY NAME _____ Dates Employed: _____

Town/State: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

COMPANY NAME _____ Dates Employed: _____

Town/State: _____ Phone #: _____

Nature of Business: _____ Position Held: _____

Duties/Responsibilities: _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

MILITARY

Have you ever served in the armed forces? YES NO If yes, what branch? _____

Dates of service (from) _____ (to) _____ Rank at discharge _____

Special training: _____

REFERENCES

Please list professional and personal references aside from family members.

NAME: _____ Relationship: _____

Company Name & Location: _____

Cell Phone #: _____ Email: _____

NAME: _____ Relationship: _____

Company Name & Location: _____

Cell Phone #: _____ Email: _____

NAME: _____ Relationship: _____

Company Name & Location: _____

Cell Phone #: _____ Email: _____

Just a couple more quick questions.....

Which of the jobs you listed did you like best? Why? _____

If you were to start a business and money was no object - what kind of business would do want to own and why? _____

If you could have a job where you got paid to do exactly what you like to do? What job would that be and why? _____

Why did you apply for Twist of Pine? And if you have another job, why are you interested in working for us as well? _____

THIS AREA TO BE FILLED OUT BY TWIST OF PINE

OFFICE PAPERWORK & REFERRAL INFORMATION:

THIS AREA TO BE FILLED OUT BY TWIST OF PINE

Referred by: _____ Date Referred: _____ Available: _____

Before we can official hire or schedule you, we need the following information

W-4 Form _____

Form I-9 _____

Social Security Card (photocopy) _____

Driver's License or Official ID Card (photocopy) _____

Any other information you want to use instead of the above to complete your I-9 For _____

Driver's License or Official ID Card (photocopy) _____