



Employment Application

Date of Application: _____

Please, fill out both sides of the employment application.

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Present Street Address	City	State	Zip
Home Phone Number	Cell Number	Social Security Number	
Position Applying for:		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		How did you learn of the position?	

Please indicate Availability to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary							
Circle Days:	MON	TUES	WED	THURS	FRI	SAT	SUN
Hours (From -To)							
Date available for work:				SALARY DESIRED? _____			

EDUCATION			
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	GRADUATED (Check One)
High School	Name _____		Yes No
	City State		[] []
Technical College	Name _____		Yes No
	City State		[] []
College	Name _____		Yes No
	City State		[] []

ARE YOU PRESENTLY EMPLOYED? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

IF RELATED TO ANYONE EMPLOYED BY US, STATE NAME AND LOCATION _____ REFERRED BY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN _____

EMPLOYMENT RECORD

Include all previous employers, including part-time, cooperative programs, and summer work beginning with present or most recent.

A. Name of Employer B. Business Address Phone	Dates Employed Month/Year	A. Position you held B. Name of Supervisor	Earnings per hour	Reasons for leaving:
A.	From	A.	Start	
B.	To	B.	Finish	
A.	From	A.	Start	
B.	To	B.	Finish	
A.	From	A.	Start	
B.	To	B.	Finish	
A.	From	A.	Start	
B.	To	B.	Finish	

Would you be able to work the following days and if not, why? _____

Fridays from 9:30-6:30? _____ Saturdays from 9:30-6:30? _____ Day before holidays? _____ Day after holidays? _____

Have you had computer training and are you proficient? _____

_____ Do you have decorating or clothing display experience? (If so explain)? _____

_____ Do you have experience opening or closing a store or business? _____

Were you a key-holder? If so, please list the name of the business _____

PERIODS OF UNEMPLOYMENT

Dates Unemployed	Account For Your Time During Any Breaks of Employment Shown Above.
From To	
From To	

U.S. MILITARY OR PRESENT MEMBERSHIP IN THE

NAVAL SERVICE _____ RANK _____ NATIONAL GUARD OR RESERVES _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

ACTIVITIES, HOBBIES, PROFESSIONAL ASSOCIATIONS & INTERESTS (EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NAIONAL ORIGIN OF ITS MEMBERS.) _____

PERSONAL AND CAREER GOALS _____

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS PHONE #

REFERENCES List the names of three co-workers not related to you, whom you have known at least six months

NAME	PHONE	CITY/STATE	BUSINESS	YEARS ACQUAINTED

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HERE IN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE."

DATE _____ SIGNATURE _____