

APPLICATION FOR EMPLOYMENT

First Name		Mide	dle Initial	Last Na	Last Name		Social Security No.		Today's Date		
Current Address:		Street/F	O. Box	Apt.	# C	ity	S		te ZIP		
Permanent Addres		ress: Street/F	P.O. Box	Apt.	# C	ity	State		te	z ZIP	
Phone No. Email Address											
()			Lillai	i Addi ess						
Wha	/hat is the minimum amount of money you need to m			make?	Note: Statement	of desired s	d salary does not guarantee Da			Date you are available for	
	\$/hour \$/week									mployment:	
1.	Please indi	cate your age:	○ Under 21 ○ 2	1 or olde	r (Some position	ns require the	e handling of alcoho	ol.)			
2.	How many	jobs have you	held in the last two	years?	O 1 O	2 0	3 • O 4 or	more			
3.	How many	jobs have you	been terminated fi	rom?	O 0 O	1 0	2 3	O 4 or n	nore		
	I want to w		rt-time (10-31 hour ob that you intend			•	•			• Yes • No	
			-	-						saturdays 🔾 Sundays	
								•	•		
	3										
	-										
	and for me	n, neatly shave	en daily (well-groor	ned must	ache is perm	nitted).					
	Are you willing to meet our requirements?										
Do you have any desire to become a trainer?								O Yes O No			
2.	Can you lift and carry 40 lbs?										
3.	Personal Re	eferences (othe	er than immediate	amily):							
	Name			P	hone Numb	er	Number of years known			Relationship	
1.											
2.											
3.											
4.	Referred by	y:									
5.	Education										
		Name and	Location of School	Dates	Attended	Last Ye	ear Completed	d Major	Specialty	Degree Received	
High	n School			(Please I	eave blank)	grade	e 9 10 11 12	(Please le	eave blank)		
College/Other			_		_						

16. Work History (List your last 3 jobs.) **Current or Most Recent Job Previous Job Previous Job Company Name Address Position Job Duties Customer service experience?** O Yes O No O Yes O No O Yes O No Did you handle cash? O Yes O No O Yes O No O Yes O No Name and Title of Immediate **Supervisor Phone Number of Immediate Supervisor Dates of Employment** Usual # of Hours Worked/Week **Reason for Leaving Weekly Earnings** Ending Ending Starting Starting Starting Ending O Yes O No O Yes O No O Yes O No May we contact your employer? Please tell us more about yourself. 1. To learn how to do a new task, would you rather: Watch someone do it O Listen to someone explain it O Try to figure it out yourself 2. What is the most distracting for you when you are trying to concentrate? visual distractions
noises
other sensations like hunger, tight shoes, or worry 3. Which of the following factors would give you the most personal satisfaction? opportunity to lead projects O praise from manager O performance-based cash bonus Which of the following would make you feel the most appreciated? O being told you did a great job O a congratulatory handshake or high five O a small gift 5. When I have to perform a task, I prefer to • master one way of doing it • come up with new ways of doing it When I am learning something new, it helps me to ask questions • think about it O try it out I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing. DATE: SIGNATURE: