

**EMPLOYMENT FOR
FULL-TIME POSITION
AVERAGE HOURS
40 PER WEEK**



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REC EMPLOYEE INITIALS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE):		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):		
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP):		
HOME PHONE NUMBER:	CELL PHONE NUMBER:	
STATE NAME AND RELATION OF ANY RELATIVES IN OUR EMPLOYMENT:	REFERRED BY:	

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

IF YES EXPLAIN:

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	
ARE YOU EMPLOYED NOW?:	MAY WE CONTACT YOUR EMPLOYER?:
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?:	
WHERE:	WHEN?:

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
HIGH SCHOOL					
		DATE GRADUATED			
COLLEGE/ UNIVERSITY OR OTHER					
		DATE GRADUATED			
IF CURRENTLY GOING, OR PLANNING TO GO TO SCHOOL, OR OTHER PLEASE SPECIFY BELOW					

OTHER INFORMATION:

LIST SPORTS THAT YOU HAVE SPECIAL KNOWLEDGE IN, OR HAVE PARTICIPATED IN:

WHY ARE YOU THE RIGHT PERSON FOR THIS POSITION?

Weekly hours needed are: Mon - Sat 9-7 & Sun 10-5 ---- Are there any days or times you are not available?

JOB DESCRIPTION

Full-time 40 hours per week
Days off are 2.5 per week
Pay is based on experience + monthly incentive sales bonus
Must be at least 18 years old
Must be able to lift at least 100lbs
Must be a Non-Smoker

APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND PHONE #	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ **PHONE:** _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ **DATE:** _____

Please go back and make sure application is COMPLETELY filled out. Applications that are not completely filled out WILL NOT be considered.

APPLICANT - DO NOT WRITE BELOW THIS LINE

REMARKS:
NEATNESS:
SPECIAL KNOWLEDGE:
NOTES: