

Employment Application

Date: _____

EMPLOYEE INFORMATION

Name: _____
Address: _____ City: _____
State: _____ Zip Code _____
Telephone #: _____ - _____ - _____ Email: _____
How far do you live from the store? _____
Are you over 18 years of age? Yes No
Are you legally eligible to work in the USA? Yes No
Have you been convicted of a felony? Yes No

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____ Relationship _____
Address: _____ State: _____ Zip Code: _____
Telephone #: _____ - _____ - _____ Email: _____

SCHOOL INFORMATION (Most Recent)

Name: _____ School phone #: _____ - _____ - _____ Zip Code: _____
Address: _____ City: _____ State: _____
Do you currently attend school? Yes No If yes, where? _____

WORK SCHEDULE AVAILABILITY

SHIFT	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

QUESTIONS

How many hours would you wish to work each week?
Indicate if we can text you with employment opportunities at the number listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>
Could you work extra hours if required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you looking for... Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
If temporary, what time period are you available? From _____ To _____
Are you willing to handle a shift by yourself? Yes <input type="checkbox"/> No <input type="checkbox"/>



Are you willing to be upbeat and greet guests in a friendly and professional manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have reliable means of transportation in order to report to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have fluent English-speaking and writing skills?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have cash register experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been terminated from a job?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRESENT AND PREVIOUS EMPLOYMENT

Job Title #1:	Start Day:	End Day:
Company name:	Supervisor name:	Phone #:
City:	State:	Zip Code:

Job Title #2::	Start Day:	End Day:
Company name:	Supervisor name:	Phone #:
City:	State:	Zip Code:

- Do you have another job currently? Yes No
Where? _____

DECLARATION

I authorize investigation of all statements contained in this application for employment as may be necessary for employment decisions. This application for employment shall be considered active for a period of time not to exceed 90 day. Any applicant wishing to be considered for employment beyond this time should apply as a new candidate.

I certify that the information on this form is, to the best of my knowledge, true and complete. Any false statements can be sufficient to cause rejection or, if employed, dismissal.

Applicant Signature

Date

