



# EMPLOYMENT APPLICATION

## I. PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number or Driver's License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. If hired, can you provide proof that you are legally able to work in the United States? Yes  No

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## II. EMPLOYMENT

1. Position Desired: \_\_\_\_\_

2. Salary Desired: \_\_\_\_\_

3. What days and hours are you available for work? \_\_\_\_\_

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4. Are you available to work overtime if necessary? Yes  No

5. Are you over 18 years of age? Yes  No

6. If you are under 18 years of age, can you provide a work permit? Yes  No

7. When are you available to begin work? \_\_\_\_\_

8. Are you able to perform the essential functions of the job for which you are applying? Yes  No

*Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.*

**III. SKILLS**

1. Are you able to operate a personal computer? Yes  No
2. If yes, what types of computer software do you have proficiency in? \_\_\_\_\_  
\_\_\_\_\_
3. List any other office machines you can operate: \_\_\_\_\_  
\_\_\_\_\_
4. What experience do you have with POS (point of sale) systems? \_\_\_\_\_  
\_\_\_\_\_
5. What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. EDUCATION**

High School or Trade School

Name and City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate? Yes  No

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

College or University

Name and City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate? Yes  No

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

**V. PRIOR WORK EXPERIENCE**

Please account for all employment within the last seven (7) years, beginning with your current or most recent employer.

Current or Most Recent Employer

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Is this your current employer? Yes  No  May we contact this employer? Yes  No

Specific Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer #2**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Is this your current employer? Yes  No  May we contact this employer? Yes  No

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer #3**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Is this your current employer? Yes  No  May we contact this employer? Yes  No

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_