

Little Shop of Hers, Inc.

Application for Employment

FILL IN ALL GRAY AREAS.

Date _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER - -	
STREET ADDRESS			PHONE NUMBER	
CITY	STATE	ZIP	DATE OF BIRTH	

POSITION DESIRED

POSITION APPLYING FOR		DATE YOU CAN START	SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHEN?	

EDUCATION

High School	NAME AND LOCATION	YEARS?	GRADUATE?
College	NAME AND LOCATION	YEARS?	GRADUATE?

WORK SKILLS

ANY SKILLS OR PREVIOUS EXPERIENCE YOU CONSIDER HELPFUL FOR THIS POSITION?

CONTINUED ON OTHER SIDE

PREVIOUS EMPLOYMENT

(LIST BELOW YOUR LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES

NAME	PHONE	RELATIONSHIP	YEARS KNOWN
NAME	PHONE	RELATIONSHIP	YEARS KNOWN
NAME	PHONE	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

"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 SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____
