



## Application for Employment

***If you do not feel you will pass a drug test, please do not bother to apply***

**Personal Information:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ CA I.D # \_\_\_\_\_  
 Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone( \_\_\_ ) \_\_\_-\_\_\_\_ Are you 18 years or older ?  YES  NO D.O.B. \_\_\_\_\_

**Employment Desired:**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Are you employed now? YES \_\_\_\_\_ NO \_\_\_\_\_ **May we inquire of your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_**  
 Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ # of years \_\_\_\_\_ Did you Graduate? \_\_\_\_\_  
 College \_\_\_\_\_ # of years \_\_\_\_\_ Did you Graduate? \_\_\_\_\_  
 Trade School, etc. \_\_\_\_\_ # of years \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Personal References: Please list **3 non-relatives** whom you have known for at least 2 years.

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

In case of Emergency , address of nearest relative:

Name/Address \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

**Previous Employment:**

Please list the past 2 employments:(**Most recent first**)

Company name/Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date Start \_\_\_\_\_ Date End \_\_\_\_\_ Last Position \_\_\_\_\_  
 Pay rate/Start \_\_\_\_\_ Pay rate/End \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell. ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Duties Required to Perform \_\_\_\_\_

Company name/Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Start \_\_\_\_\_ Date End \_\_\_\_\_ Last Position \_\_\_\_\_

Pay rate/Start \_\_\_\_\_ Pay rate/End \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_ - \_\_\_ Cell ( \_\_\_ ) \_\_\_ - \_\_\_ - \_\_\_

Duties Required to Perform \_\_\_\_\_

What **days** or evenings are you available to work?(below) \_\_\_\_\_

What **hours** are you available to work? (**enter below**)

Are there any activities that would prevent you from working certain days and or hours? (**enter below**)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						You will be Asked to work Weekends	
PM							You will be Asked to work Weekends

Why do you feel you would be a good employee at Banned? \_\_\_\_\_

What do you consider to be your **outstanding qualities**? \_\_\_\_\_

What do you consider to be **your worst** qualities? \_\_\_\_\_

What kind of circumstances make you nervous or tense \_\_\_\_\_

Will it affect your work behavior? \_\_\_\_\_

**Would you take a DRUG TEST ?** \_\_\_\_\_ **Would you take a Polygraph(Lie detector) Test?** \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

(if YES, explain) \_\_\_\_\_

List your favorite hobbies/interest: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List any special skills: \_\_\_\_\_

***Students: Please include most recent school report & vaccinations with application.***

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 of this application shall be grounds for dismissal.

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Applicant Signature

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If minor, parent of guardian