

On Second Thought...

C O N S I G N M E N T

EMPLOYMENT APPLICATION

General Information. Please complete all requested information.

Today's Date	
Name (Last)	(First) (Middle)
Street Address	
City	State Zip code
Telephone	Email

I am interested in (check all that apply): 20-30 hours <input type="checkbox"/> 0-20 hours per week <input type="checkbox"/>							
Minimum hourly wage desired	Date available for work						
Please indicate the hours you are available for work each day between 9 AM – 6 PM							
S	M	T	W	TH	F	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Employment Experience. List your previous experience, beginning with you current or most recent position.

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month Year End: Month Year	

May we contact this employer? Yes No

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month Year End: Month Year	

May we contact this employer? Yes No

Employer		Starting Position	Starting Hourly Wage
Street Address		Most Recent Position	Most Recent Hourly Wage
Phone	Supervisor	Title	Duties
Reason for leaving		Dates of Employment Start: Month Year End: Month Year	

May we contact this employer? Yes No

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References. Business references preferred.

Reference				Reference							
Street address			City	State	Zip	Street address			City	State	Zip
Phone		Job Title			Phone		Job Title				
Length and nature of business relationship						Length and nature of business relationship					

Education & Training. Please include name and city for each school.

School Type	School Name and City	Number of years completed	Certification received (degree, diploma etc.)	Type of course/major
High School				
College				
Other				
Additional training:				

Additional Employment History Inquiries

Have you ever been dismissed or forced to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment I understand that false or misleading information in my application or interview may result in my termination.

I understand that my employment may be terminated at any time by the company or myself at any time.

I understand and agree to the above terms.

Signature
Date