JOB APPLICATION FORM

	PERSONAL INFO	ORMATION	
FULL NAME:			
ADDRESS:			
DATE OF BIRTH:			
PHONE NUMBER:			
EMAIL:			
Do you have permission to work in the US? □Yes □No	Are you willing to submit to a background check if needed? □Yes □No	Have you ever been convicted of a felony? □Yes □No	Are you a veteran? □Yes □No
When are you available to//20	o start if you are selected for	employment?	
	POSITION INFO	RMATION	
Name of the company:			
Position you are applying	for:		
Time: □Part-time □Temporary			
Why are you interested in v	vorking for Lighthouse Thrift	ique?	

REFERENCES				
NAME	ADDRESS	PHONE NUMBER		
1.				
2.				
3.				

I understand that if I am employed, false information, omissions, or misrepresentations may result in the termination of the contract. The employer may contact any of the references listed on this application to check if the information provided is true and real.

SIGNATURE _		
DATE		
PRINT NAME		