

Grateful Headz

PERSONAL INFORMATION

NAME: _____

CELL: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: ☐ YES ☐ NO IF SO, EXPLAIN: _____

DO YOU HAVE A VALID DRIVER'S LICENSE: ☐ YES ☐ NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK, FESTIVALS AND
EVENTS: ☐ YES ☐ NO

DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM DOING ANY ASPECT OF
THIS JOB: ☐ YES ☐ NO

WORK PREFERENCE: ☐ FULL TIME ☐ PART TIME ☐ WEEK DAYS ☐ WEEKENDS

LIST ANY SPECIAL SKILLS OR EXPERIENCE THAT YOU HAVE THAT WOULD BE BENEFICIAL TO
THIS POSITION: _____

TELL ME ABOUT YOURSELF AND WHY YOU WOULD LIKE TO WORK AT GRATEFUL HEADZ:

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EDUCATIONAL BACKGROUND

HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE: ☐ YES ☐ NO IF SO, WHAT YEAR? _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

DID YOU GRADUATE: ☐ YES ☐ NO IF SO, WHAT YEAR? _____

ANY SPECIAL LICENSES, CERTIFICATES OR DEGREES? _____

ARE YOU A MEMBER OF THE ARMED FORCES: ☐ YES ☐ NO BRANCH: _____

WORK HISTORY

PLACE OF WORK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARE YOU CURRENTLY EMPLOYED HERE?: ☐ YES ☐ NO IF NO, WHY DID YOU LEAVE?: _____

JOB TITLE: _____ JOB RESPONSIBILITIES: _____

PLACE OF WORK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARE YOU CURRENTLY EMPLOYED HERE?: ☐ YES ☐ NO IF NO, WHY DID YOU LEAVE?: _____

JOB TITLE: _____ JOB RESPONSIBILITIES: _____

PLACE OF WORK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARE YOU CURRENTLY EMPLOYED HERE?: ☐ YES ☐ NO IF NO, WHY DID YOU LEAVE?: _____

JOB TITLE: _____ JOB RESPONSIBILITIES: _____

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REFERENCES

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

☐ FAMILY ☐ FRIEND ☐ CO-WORKER ☐ PREVIOUS CO-WORKER

☐ SUPERVISOR ☐ PREVIOUS SUPERVISOR

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

☐ FAMILY ☐ FRIEND ☐ CO-WORKER ☐ PREVIOUS CO-WORKER

☐ SUPERVISOR ☐ PREVIOUS SUPERVISOR

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

☐ FAMILY ☐ FRIEND ☐ CO-WORKER ☐ PREVIOUS CO-WORKER

☐ SUPERVISOR ☐ PREVIOUS SUPERVISOR

PRINTED NAME: _____ DATE: _____

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

REVIEWED BY: _____ DATE REVIEWED: _____

REFERENCES CHECKED? ☐ YES ☐ NO

CALL IN FOR INTERVIEW? ☐ YES ☐ NO INTERVIEW DATE: _____

ADDITIONAL COMMENTS: _____
