

JOB APPLICATION

The VIBE Smoke & Vape
Columbus, IN. - Trafalgar, IN. - Martinsville, IN.- Nashville, IN.- Bargersville, IN.
317-878-5400

MELODY SMOKE & VAPE is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for:

How did you hear about this position? _____
What days are you available for work? _____
What hours or shift are you available for work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____

Personal Information

Have you ever applied to or worked for MELODY SMOKE & VAPE before? Yes No
If yes, when? _____

Do you have any friends, relatives, or acquaintances working for MELODY SMOKE & VAPE? Yes No
If yes, state name & relationship: _____

Are you 21 years of age or older? Yes No
Are you a U.S. citizen or approved to work in the United States? Yes No
What document can you provide as proof of citizenship or legal status? _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: MELODY SMOKE & VAPE complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____
 What branch of the military did you enlist? _____
 What was your military rank when discharged? _____
 How many years did you serve in the military? _____
 What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

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 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Salary at previous employment

AT-WILL EMPLOYMENT

The relationship between you and the MELODY SMOKE & VAPE is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the MELODY SMOKE & VAPE. No representative of MELODY SMOKE & VAPE has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____