

Employment Application Form

Personal Information

Full Name:

Date of Birth:

Address:

City, State, Zip:

Phone Number:

Email Address:

Employment Desired

Position Applied For:

Available Start Date:

Desired Pay per Hour:

Currently employed? Yes No

If yes, may we contact your employer? Yes No

Availability (Mark available shifts)

Day	11:00 AM - 6:00 PM	6:00 PM - 12:00 AM
Monday	()	()
Tuesday	()	()
Wednesday	()	()
Thursday	()	()
Friday	()	()
Saturday	()	()
Sunday	()	()

Education & Work Experience

High School:

Graduation Year:

College/University:

Degree Earned:

Other Training/Certifications:

Work Experience (List most recent first)

1. Company:

Position:

Dates:

Reason for Leaving:

2. Company:

Position:

Dates:

Reason for Leaving:

References (Professional or Personal)

1. Name:

Relationship:

Phone:

2. Name:

Relationship:

Phone:

Additional Questions (Brief responses)

- 1. How do you handle a difficult customer?
- 2. Give an example of great customer service you provided.
- 3. How do you stay productive during slow periods?
- 4. Describe a time you worked well in a team.
- 5. How do you prioritize tasks effectively?

Authorization & Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination of employment.

Signature: _____

Date: _____