

## APPLICATION FOR EMPLOYMENT



First Name:

MI:

Last Name:

Address:

Phone:

DOB:

Currently Employed? Y / N

Avail. Start Date:

Full or Part Time? F / P

Desired Hourly Pay:

### Employment History

Business Name	Number	Address	Times (MM/YY - MM/YY)
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1.

2.

3.

4.

**Professional References (Do not include personals)**

Name	Number	Relationship	Time Known
1.			
2.			
3.			

Have you ever been convicted of a felony?

If so, please explain.

Would you be willing to have a background check run on you?

Y / N

By signing below, you understand that this is not an agreement of employment. You understand that Smoke Exchange is not required to offer you employment, benefits, payment, or reimbursements of any kind. Smoke Exchange and its representatives will conduct interviews with candidates that they deem fitting for the role requested by the applicant. After said interview, said representatives will discuss further actions, if need be. Offers for employment may or may not be offered at the time of interview. Smoke Exchange withholds the right to retract any employment offers made if presented with cause. Finally, by signing, you are stating that you filled out this application fully and completely with 100% honesty. If this is found to be untrue, this application will be considered void and you will not be considered for employment with Smoke Exchange.

**Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_