

Just My Size Academy

Employment Application

General Information

First Name _____ MI _____ Last Name _____

Soc. Sec. # _____ D.O.B _____

Address _____ Apt. _____

City _____ State _____ Zip _____ Phone _____

Position Desired _____ Full-Time _____ Part Time _____ Temporary _____

How you ever worked for this company before? Yes _____ No _____

IF YOU ARE A MINOR UNDER AGE 18, DO YOU HAVE A CERTIFICATE OF AGE OR EMPLOYMENT? Yes _____ No _____

Education

	NAME AND ADDRESS OF SCHOOL	Major	Diploma
High School	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Trade, business, other _____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ **To:** _____

Duties: _____

Salary: _____

(first) **(last)**

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ **To:** _____

Duties: _____

Salary: _____

(first) **(last)**

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ **To:** _____

Duties: _____

Salary: _____

(first) **(last)**

Reason for leaving: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ____ **No** ____

REFERENCES: (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

<u>Name</u>	<u>Address and Phone</u>	<u>Occupation</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

DATE _____ SIGNATURE _____

For Office use Only

Date of hire _____ Starting Pay Rate _____

Starting shift _____ Age Group _____

Date of orientation _____

Date for CPR and First Aid Training _____

Date Criminal History was Received _____

Date Drug Screen was received _____

Date of Physical And TB Test _____

Shirt Size _____

Emergency Contacts

In case of an emergency please list three people that we may contact

1. Name _____

Address _____

Phone# _____

Relationship _____

2. Name _____

Address _____

Phone# _____

Relationship _____

3. Name _____

Address _____

Phone# _____

Relationship _____

