

# FREAKY'S GIFT AND TATTOO SHOPPE

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_



NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP-CODE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

	YES	NO	
HAVE YOU BEEN INTERVIEWED HERE BEFORE?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, HOW MANY TIMES: _____
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A CITIZEN OF THE UNITED STATES?	<input type="checkbox"/>	<input type="checkbox"/>	
IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, WHEN: _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/>	<input type="checkbox"/>	
IF YES, PLEASE EXPLAIN:	_____		

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_  
HIGH SCHOOL YEAR GRADUATED CITY STATE

COLLEGE: \_\_\_\_\_  
COLLEGE YEAR GRADUATED CITY STATE

### REFERENCES

REFERENCE: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

REFERENCE: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

REFERENCE: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

### PREVIOUS EMPLOYMENT

COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FROM: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ /HR or WEEK TO: \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FROM: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ /HR or WEEK TO: \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FROM: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ /HR or WEEK TO: \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

All statements are true. Falsified statements are grounds for termination. I authorize the investigation of statements contained herein.  
This is NOT an agreement for employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

1 2 3 4 5 6 7 8 9 10 - INITIALS: \_\_\_\_\_ 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
COMPUTER: \_\_\_\_\_ / TYPING: \_\_\_\_\_ / RETAIL: \_\_\_\_\_ / CAR: \_\_\_\_\_ / INSURANCE: \_\_\_\_\_ / OTHER: \_\_\_\_\_