

Job Application for Slingers

Name: _____

Last, First

Today's Date: _____

Address: _____

Street

Email: _____

City

Zip

SSN: _____

Department Applying For: *(circle one)*

Soap Slingers

Paint Slingers

Light Slingers

What type of employment are you looking for? *(circle one)*

Full Time

Part Time

Seasonal

Are you at least 18 years old and have the legal right to work in the U.S? ☐ Yes ☐ No

If no, explain: _____

Have you ever been convicted with a crime that has ended with a felony charge? ☐ Yes ☐ No

If yes, explain what for: _____

Have you used illegal drugs in the last 6 months? ☐ Yes ☐ No

If yes, what have you used? _____

Do you have a reliable form of transportation? ☐ Yes ☐ No

Job History:

Please list the last three jobs you've held starting with the most recent.

Company: _____ Position: _____

Time Employed: Start: _____

End: _____

Supervisor Name: _____

Supervisor Phone Number: _____

May we contact? ☐ Yes ☐ No

If no, please explain why: _____

Please describe the work you performed at the job. _____

Why did you leave this job? _____

Company: _____ Position: _____

Time Employed: Start: _____

End: _____

Supervisor Name: _____

Supervisor Phone Number: _____

May we contact? ☐ Yes ☐ No

If no, please explain why: _____

Please describe the work you performed at the job. _____

Why did you leave this job? _____

Company: _____ Position: _____

Time Employed: Start: _____

End: _____

Supervisor Name: _____

Supervisor Phone Number: _____

May we contact? ☐ Yes ☐ No

If no, please explain why: _____

Please describe the work you performed at the job. _____

Why did you leave this job? _____

Education:

High School: _____ Graduated? ☐ Yes ☐ No Year Graduated: _____

College: _____ Graduated? ☐ Yes ☐ No Year Graduated: _____

Tech School: _____ Graduated? ☐ Yes ☐ No Year Graduated: _____

References:

Name: _____ Relation: _____ Years Known: _____
Phone Number: _____ May we contact? ☐ Yes ☐ No

Name: _____ Relation: _____ Years Known: _____
Phone Number: _____ May we contact? ☐ Yes ☐ No

Name: _____ Relation: _____ Years Known: _____
Phone Number: _____ May we contact? ☐ Yes ☐ No

Name: _____ Relation: _____ Years Known: _____
Phone Number: _____ May we contact? ☐ Yes ☐ No

Please Check the following boxes and sign below:

☐ I certify that all the answers and information provided herein are true and complete to the best of my knowledge.

☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Printed name of applicant

Signature of applicant

Date