

Application for Employment

Job's Holding inc. 5403 Shady Avenue, Lowville, NY 13367

**PERSONAL INFORMATION**

EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)		MAIDEN NAME:	CHECK HERE IF YOU ARE 18 OR OVER
PRESENT ADDRESS		CITY	STATE ZIPCODE
PERMANENT ADDRESS (IF DIFFERENT)		CITY	STATE ZIPCODE
PHONE #	CELL #	EMAIL	REFERRED BY:

**EMPLOYMENT DESIRED**

POSITION	DATE AVAILABLE TO START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____ IF YES - PHONE #:	
HAVE YOU EVER BEEN FIRED OR QUIT IN LIEU OF BEING FIRED? YES _____ NO _____ IF YES - EXPLAIN CIRCUMSTANCES:		

**EDUCATION HISTORY**

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL		YES _____ NO _____	
HIGH SCHOOL		YES _____ NO _____	
COLLEGE		YES _____ NO _____	
TRADE, BUSINESS, GED SCHOOL		YES _____ NO _____	

**GENERAL INFORMATION**

SUBJECTS OF SPECIAL STUDY/TRAINING/CERTIFICATIONS	AVAILABILITY TO WORK (HOURS/DAYS)
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**FORMER/CURRENT EMPLOYERS**

DATE MO/YR	NAME/ADD/PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** 3 REQUIRED - NOT RELATED TO APPLICANT

NAME	ADDRESS	PHONE	NATURE OF RELATIONSHIP	YRS KNOWN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have or give, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

DATE:	SIGNATURE:
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