



JOHNNIE BROCK'S DUNGEON

Employment Application

Location _____

Personal Information	Name				Soc. Sec. No	
	Present Address		Apt. No.	City	State	Zip
	Permanent Address		Apt. No.	City	State	Zip
	Are you 16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone #		Cell#	

Last Name _____

First Name _____

Middle _____

Desired Employment	Type of Work Desired: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL
	Are you willing to work at any other locations depending on the needs of that store? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, list all locations that apply: _____
	If interested in year-round employment would you be willing to travel to the Hampton Village or Warehouse Location? <input type="checkbox"/> Yes <input type="checkbox"/> No

Desired Employment	Position		Date you can start		Salary Desired	
	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		When?	
	Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		When?	
	Reason for leaving					
	Name of last supervisor at this company					

Desired Employment	List the hours and days that you are available to work.							
		Mon	Tues	Wed	Thur	Fri	Sat	Sun
	From							
To								

Education	School Level	Name And Location Of School	# Of Years Attended	Did You Graduate?	Subjects Studied
	Grammar School				
	High School				
	College				
	Trade, Business Correspondence School				

General	Subjects Of Special Study Or Research Work	
	Special Training	
	Special Skills	

Service Record	Branch Of Service	Discharge Date
	Rank	

Do you have the legal right to work and be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date
If yes, please explain. (will not necessarily exclude you from consideration.)	

Who referred you to this company?		
<input type="checkbox"/> Newspaper advertising	<input type="checkbox"/> College placement service	<input type="checkbox"/> Other, _____
<input type="checkbox"/> Walk in	<input type="checkbox"/> Friend	
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Employee, _____	

Former Employers

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary		Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name Of Your Supervisor		Title	Phone #
Description Of Work			
Reason For Leaving			

Former Employers

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary		Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name Of Your Supervisor		Title	Phone #
Description Of Work			
Reason For Leaving			

Former Employers

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary		Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name Of Your Supervisor		Title	Phone #
Description Of Work			
Reason For Leaving			

References

Name	Phone #	Address	# Of Years Acquainted
Name	Phone #	Address	# Of Years Acquainted

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, falsified statements on this application shall be grounds for dismissal.

I authorized 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, personal or other wise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Print Name _____ Signature _____ Date _____

Interviewed By _____	Date _____