

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Cell Phone Number: _____

Email Address: _____

Are you under 18 years of age? Yes No If Yes, how old are you? _____ Grade _____

Do you have any friend(s) or relative(s) working for ADORN? Yes No

If so, provide name and relationship: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

EMPLOYMENT DESIRED

Position Desired: _____ Date available to begin work: _____

Rate of pay expected: \$ _____

Have you ever applied to ADORN Boutique before? Yes No When? _____

Please list your availability below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Any schedule limitations? Yes No If Yes, please explain: _____

EDUCATION

School	Name & Location	Numbers of Years Completed	Diploma or Degree
High School			
College			
Other (specify)			

Why would you like to join Why would you like to join the ADORN Team? _____

What qualifications & skills do you have that would be beneficial to you as part of the ADORN team?

EMPLOYMENT/VOLUNTEER HISTORY

Please add your history beginning with your current or most recent job/volunteer experience:

Employer: _____ Dates of Employment: From: _____ To: _____

Phone Number: _____ Rate of Pay: \$ _____

Address: _____

Street

City

St

Zip

Position: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact this employer? Yes No

List the duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

Employer: _____ Dates of Employment: From: _____ To: _____

Phone Number: _____ Rate of Pay: \$ _____

Address: _____

Street

City

St

Zip

Position: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact this employer? Yes No

List the duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

Employer: _____ Dates of Employment: From: _____ To: _____

Phone Number: _____ Rate of Pay: \$ _____

Address: _____

Street

City

St

Zip

Position: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

May we contact this employer? Yes No

List the duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

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REFERENCES

Please list references other than relatives.

Name	Position	Company	Phone

**Please attach a resume prior to submitting application*

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

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

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Signature of Applicant

Date

To be completed by staff only:

Date Given

Date Returned