

# FREAKY'S SMOKE SHOP & TATTOO



## 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?   IF YES, HOW MANY TIMES: \_\_\_\_

ARE YOU CURRENTLY EMPLOYED?

ARE YOU A CITIZEN OF THE UNITED STATES?

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?   IF YES, WHEN: \_\_\_\_\_

## 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 - STORE#: \_\_\_\_\_ NAME: \_\_\_\_\_ 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
COMPUTER: \_\_\_\_\_ /TYPING: \_\_\_\_\_ /RETAIL: \_\_\_\_\_ /CAR: \_\_\_\_\_ /INSURANCE: \_\_\_\_\_ /OTHER: \_\_\_\_\_