



Date _____

Optional: Include a short video (no more than one minute long) telling us a little about yourself. Email video to jobs@localmotioninc.com

Submit completed application via email to jobs@localmotioninc.com or to any of our retail stores

GENERAL INFORMATION

Name _____ Phone Number _____
First Last MI
Address _____ Email _____
Street City State Zip

Position Applying for	Desired Salary (per hour/month)	Date Available to Start
Preferred Store Location (Select up to three) 1.	2.	3.

What type of work are you looking for? _____ Full-time _____ Part-time _____ Casual/Seasonal _____ Temporary

When are you available?
(Please put specific times per day.)
If left blank we will assume you are available at any time.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

How were you referred to us? _____ Employee referral _____ Walk in _____ Internet _____ Other _____

Have you previously applied for a job at Local Motion? _____ Y/N If yes, when _____

Have you previously been employed by Local Motion? _____ Y/N If yes, when _____

Do you know anyone presently working for Local Motion? _____ Y/N If so, who _____

If hired, can you provide proof of identify and authorization to work in the United States? _____ Yes _____ No

If hired, and you are under 18, can you furnish a work permit? _____ Yes _____ No _____ 18 or older

List any skills you have that are appropriate for the position you are applying for (languages, computer skills and software, equipment, etc.):

List any hobbies/interests:

State why you believe you are qualified for this position:

EDUCATION

Name of School	Graduated		Years Completed	Major	Degree
	Yes	No			
High School				 	
College					
Other					

EMPLOYMENT HISTORY

List last 3 employers you worked for starting with most recent:

From (MM/YY)	To (MM/YY)	Name & Address of Employer	Reason for Leaving
Rate of Pay (Starting)	Rate of Pay (Ending)		
Job Title (Starting)	Job Title (Ending)	Name of Supervisor & Title	Phone Number
Nature of the work and responsibilities			

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Job Title (Starting)	Job Title (Ending)	Name of Supervisor & Title	Phone Number
Nature of the work and responsibilities			

REFERENCES

List personal references who are not relatives:

Name	Occupation	Years known	Phone #
Name	Occupation	Years known	Phone #
Name	Occupation	Years known	Phone #

SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that Local Motion, Inc. is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with Local Motion, Inc., except as required by applicable federal, state, and local law.

Signature of Applicant _____ Date _____