

The Dreaming Peddler 1107 Evergreen Street Longview, TX 75604 info@dreamingpeddler.com 903-331-8978

Employment Application

Applicant Information												
Full Name:						Date:						
	Last			First				М.І.				
Address:												
Street Address								,	Apartment/Un	it #		
	City							State	2	ZIP Code		
Phone:						Email_						
Date Availat												
			_	,						T		
Position App	olied for: <u>S</u>	ALES AS	SOCIATE									
Are you at least 18?				YES	NO □	lf no	, when will	you turn 18?				
Have you ever worked for this company?			YES	NO □	If yes, when?							
Do you have a valid driver's license?			YES	NO □	Are you authorized to work in the U.S.?					NO □		
Have you ever been convicted of a felony?			YES	NO □	If yes, please explain:							
Have you ever been involuntarily from a YES NO position of employment?												
					S WE							
Availability:		MON	TUES.	WEI	ר	THURS.	FRI.	SAT.	SUN.			
Please list hours availa	ble:						•			_		
Education												
High School: Address:												
	•			/								
YES NO From: To: Did you graduate? Diploma:												
College: Address:												

From:	To: Did you graduate	YES ?	NO □	Degree:
Other:	Address	3:		
From:	To: Did you graduate	YES ?	NO □	Degree:
	Refe	rences		
Please list t	hree professional references.			
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous I	Employ	ment	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting	Salary: <u>\$</u>		Ending Salary: \$
Responsibili	ties:			
From:	То:	Reasc	on for Lea	ving:
May we con	tact your previous supervisor for a reference?	YES)]
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibili	ties:			
From:	То:			ving:
May we con	tact your previous supervisor for a reference?	YES		2

Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary	:\$	
Responsibili	ities:					
From:	То:	Reason fo	r Leaving:			
May we con	tact your previous supervisor for a reference?	YES				
Military Service						
Branch:			From:		То:	
Rank at Discharge: Type of Discharge:						
If other than honorable, explain:						
Disclaimer and Signature						

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

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time. Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.

Signature:	Date:		

Print name: _____

Bonus Questions

What made you want to apply here today?	
Where do you see yourself in one year? Five?	