



An Equal Opportunity Employer

Please print in ink and provide all requested information.

GENERAL INFORMATION															
Today's Date	Position Desired														
Name (Last) (First) (Middle)	Date Available for Work														
Street Address	Please check all that apply. <input type="checkbox"/> Full Time (35-40 hrs./ week) <input type="checkbox"/> Part Time (34 or less hrs./ week) <input type="checkbox"/> Seasonal														
City State ZIP Code	Age: Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you are under 18, you may be required to provide a work permit prior to working.</i>														
Telephone (Cell) Telephone (Home)	Please indicate the hours you are <u>available to work</u> , during both day and evening.														
Telephone (Work) E-Mail Address															
Have you ever applied to our company before? If yes, when?	<table border="1"> <thead> <tr> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday									
Note: Should your availability change, it is your responsibility to notify your supervisor.															
WORK EXPERIENCE															
List your previous work experience for the last five years, beginning with your current position (or most recent position, if you are not currently employed). Please do not leave any gaps in your employment history. If you need additional space, please attach additional pages.															
EMPLOYER	Starting Position														
Street Address	Last Position														
City State ZIP Code	Duties														
Employer's Phone Number Supervisor's Name/Phone Number	Dates of Employment Start: Month Year End: Month Year														
Reason for Leaving	May we contact your supervisor?														
EMPLOYER	Starting Position														
Street Address	Last Position														
City State ZIP Code	Duties														
Employer's Phone Number Supervisor's Name/Phone Number	Dates of Employment Start: Month Year End: Month Year														
Reason for Leaving	May we contact your supervisor?														
EMPLOYER	Starting Position														
Street Address	Last Position														
City State ZIP Code	Duties														
Employer's Phone Number Supervisor's Name/Phone Number	Dates of Employment Start: Month Year End: Month Year														
Reason for Leaving	May we contact you supervisor?														
May we contact your current employer? _____ If no, at what point may we contact him/her? _____															

ADDITIONAL WORK HISTORY INFORMATION

Have you ever been fired or forced to resign from any employment?
 Yes No If yes, please explain.

If hired, I will provide proof of my legal authorization to work in the United States.
 Yes No

Can you perform the duties of the job for which you are applying (with or without reasonable accommodation)?
 Yes No

EDUCATION, TRAINING, AND SKILLS

School	Please print name, city, and state for each school	Degree	Type of course/major
High School			
College			
Additional Education			
Additional Training			

<p>If the position that you are seeking requires foreign language skills, please list those foreign languages in which you are proficient and describe the level of proficiency.</p> <p>Please list any additional job skills that you believe would be relevant to the position for which you are applying.</p>	<p>GENERAL INFORMATION Subjects of Special Study or Research Work:</p> <p>Special Training:</p> <p>Special Skills:</p>
--	---

PROFESSIONAL REFERENCES

Name of Reference (Not a Relative)	Name of Reference (Not a Relative)
Street Address	Street Address
City State ZIP Code	City State ZIP Code
Phone Job Title	Phone Job Title
How are you acquainted and for how long?	How are you acquainted and for how long?

REFERRAL SOURCE

<input type="checkbox"/> Employee Referral - Name _____ <input type="checkbox"/> School/College _____ <input type="checkbox"/> Walk - In Applicant _____	<input type="checkbox"/> Internet _____ <input type="checkbox"/> Newspaper Ad (Name of Newspaper) _____ <input type="checkbox"/> Other (please specify) _____
--	---

APPLICANT'S STATEMENT

If I become employed, I agree to abide by the rules and regulations of your company. I understand that my employment is at will. This means that I do not have a contract of employment for any particular duration or that limits the grounds for my termination in any way. I am free to resign at any time. Similarly, Joan's on Third is free to terminate my employment at any time for any or no reason. I understand that while personnel policies, programs, and procedures may exist and be changed from time to time, my at-will status could be changed only if I were to enter into an express written contract with Joan's on Third explicitly promising me job security, containing the words, "this is an express contract of employment" and signed by an officer of Joan's on Third. The above language contains our entire agreement about my at-will status, and there are no oral or side agreements of any kind.

All of the information I have supplied in this application is a true and complete statement of the facts and, if employed, I agree that any false statement, misrepresentation or omission may result in my immediate dismissal. I further authorize you to contact all of my previous employers, educational institutions and references for full information regarding my employment history and for other information pertinent to my application.

Signature: _____ Print Name: _____ Date: _____