

APPLICATION FOR EMPLOYMENT SMOKERS DEPOT

LOCA

Today's Date:	PERSONAL INFO
---------------	----------------------

NAME	SOCIAL SECURITY NO.	
ADDRESS	HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>
PHONE NUMBER		
DATE OF BIRTH	REFERRED BY	

GENERAL INFORMATION

SKILLS, ABILITIES
PROFESSIONAL LICENCES/CERTIFICATIONS
US MILITARY SERVICE

	NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				

EDUCATION HISTORY

TRADE SCHOOL / OTHER				
----------------------	--	--	--	--

NAME AND PHONE NUMBER OF EMPLOYERS	DATES WORKED	STARTING AND ENDING WAGE	REASON FOR LEAVING
	FROM		
	TO		

FORMER EMPLOYERS

	FROM		
	TO		

APPLICATION FOR EMPLOYMENT SMOKERS DEPOT

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	DATE YOU CAN START
----------	----------------	--------------------

REFERENCES

NAME	ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN

EMERGENCY CONTACT

NAME	PHONE NUMBER	RELATIONSHIP
------	--------------	--------------

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANT THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION."

**APPLICATION FOR EMPLOYMENT
SMOKERS DEPOT**

SIGNATURE

DATE