



APPLICATION FOR EMPLOYMENT

Position you are applying for: _____ Date of Application: _____

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Length of time at present address: _____ COVID-19 Vaccination Status: _____

Are you legally eligible for employment in this country? YES NO

Proof of U.S. Citizenship or immigration status will be required upon employment.

Current Wage / Salary: _____ Wage/ Salary Desired: _____

Years of experience in this field: _____ Date you can start: _____

Do you know, or are you related to, a current employee? YES NO

If so, whom? _____

Are you employed now? YES NO If so may we inquire of your present employer? YES NO

Current work schedule (shift/hours)? _____

Play Mart, Inc. is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment.

Do you require a reasonable accommodation to perform the job for which you are applying? YES NO

If yes, please describe. _____

EDUCATION:

School	Name and Address of School	Dates Attended		Date of Graduation	Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Major	Minor	
High School							Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
College		mo/yr	mo/yr	mo/yr			Degree
Graduate College or University		mo/yr	mo/yr	mo/yr			Degree
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr			Certificate
Apprenticeship	Type: _____	mo/yr	mo/yr	Length of Program: 1 2 3 4 5			Journeyman? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL:

Have you been convicted of a felony? Yes No (Such a conviction does not necessarily bar you from employment.)

If Yes, please explain: _____

Office Skills: _____

Production Skills: _____

Current or Most Recent Work Experience

Employed From

Mo.	Day	Yr.
-----	-----	-----

 To

Mo.	Day	Yr.
-----	-----	-----

 Job Duties:
1. _____
Title of Position _____
Starting Salary _____ Last Salary _____ 2. _____
Average hours worked per week _____ 3. _____
Reason for leaving _____ 4. _____
Name of Employer _____ 5. _____
Address _____ 6. _____
Name & title of your supervisor _____ 7. _____
Phone _____ Number of employees supervised _____
I supervised:

Mo.	Yr.	to	Mo.	Yr.	Number of employees supervised
-----	-----	----	-----	-----	--------------------------------

Second Most Recent Work Experience

Employed From

Mo.	Day	Yr.
-----	-----	-----

 To

Mo.	Day	Yr.
-----	-----	-----

 Job Duties:
1. _____
Title of Position _____
Starting Salary _____ Last Salary _____ 2. _____
Average hours worked per week _____ 3. _____
Reason for leaving _____ 4. _____
Name of Employer _____ 5. _____
Address _____ 6. _____
Name & title of your supervisor _____ 7. _____
Phone _____ Number of employees supervised _____
I supervised:

Mo.	Yr.	to	Mo.	Yr.	Number of employees supervised
-----	-----	----	-----	-----	--------------------------------

Third Most Recent Work Experience. Please attach an additional sheet to include any further experience.

Employed From

Mo.	Day	Yr.
-----	-----	-----

 To

Mo.	Day	Yr.
-----	-----	-----

 Job Duties:
1. _____
Title of Position _____
Starting Salary _____ Last Salary _____ 2. _____
Average hours worked per week _____ 3. _____
Reason for leaving _____ 4. _____
Name of Employer _____ 5. _____
Address _____ 6. _____
Name & title of your supervisor _____ 7. _____
Phone _____ Number of employees supervised _____
I supervised:

Mo.	Yr.	to	Mo.	Yr.	Number of employees supervised
-----	-----	----	-----	-----	--------------------------------

Have you ever served in the Armed Forces of the United States? Yes No
If yes, please complete the following: From (Mo/Yr) _____ To (Mo/Yr) _____
Branch of Service: _____ Honorable Discharge? Yes No

State Duties or Specialized Training:

REFERENCES:

Please list below three persons, not related to you, whom you have known at least one year.

NAME	EMAIL ADDRESS	PHONE	TYPE OF REFERENCE
			<input type="checkbox"/> Personal <input type="checkbox"/> Business
			<input type="checkbox"/> Personal <input type="checkbox"/> Business
			<input type="checkbox"/> Personal <input type="checkbox"/> Business

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Play Mart (hereinafter known as The Company)'s service if I have been employed.

I give The Company the right to investigate all references and to secure additional information about me, if job related.

I recognize that The Company is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. I further understand that I will notify The Company if I require reasonable accommodation to perform the job for which I am applying.

I also understand that The Company is a drug free workplace and that substance abuse testing is required prior to employment.

SIGNATURE

DATE

OFFICIAL USE ONLY

Interview Date: _____ Interviewer(s): _____

Interview Notes:

Received a copy of Benefit Package Summary? Yes No

Written Skills Test Completed: Yes No N/A Score: _____

Practical Skills Test Completed: Yes No N/A Result: _____

Called References: Yes No Impressions: _____

Drug Test Date: _____ Result: _____

Background Check Date: _____ Result: _____

Trial Days: _____ Hired? Yes No Hire Date: _____

Final Notes:



Authorization to Release Information

As an applicant for a position with Play Mart, Inc., I have been asked to supply information assessing my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past work, education, military service, character, and police records, to determine any and all information, which is or may be, pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and any firms from any damages that may result from providing such information.

PLEASE PRINT CLEARLY

Full Legal Name: _____

Address: _____

Social Security Number: _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE