



Date _____

**APPLICATION FOR
EMPLOYMENT**
An Equal Opportunity Employer

NAME: _____ Telephone # (Day): _____ (Night): _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (Zip)

Social Security #: _____

EMPLOYMENT

What position are you applying for?		Starting pay expected?	Actual starting pay:
Are you at least 16 years old? Yes No		Do you have a legal right to be employed in the United States? Yes No (If no discuss with the Manager)	
What kind of hours are you looking for? Full Time Part Time (how many hours) _____	What shift? Days How early? _____ Nights How late? _____ Flexible	Can you work? Holidays Weekends Help out if shorthanded	
What days and hours are you available to work?			
Do you have any activities that might affect your schedule? Yes No What ?			
Are you currently employed? Yes No		If hired when can you start?	
May we contact your current employer? Yes No			

GENERAL INFORMATION

Have you ever worked at Spangles before? _____ When and where? _____

Do you have any friends or relatives employed by Spangles? _____

Where? _____

Do you have reliable means of getting to work? _____

QUESTIONNAIRE

YES UNSURE NO

Have you ever worked a cash register?

Have you ever worked an electronic "Point-of-Sale" (POS) cash register?

Have you ever held or been elected to a leadership position?

Do you consider yourself a hard worker?

Could you be smiling and happy through your full shift?

Do you work well with others?

Can you provide a pair of black shoes, socks and pants (not denim)?

(Over)

FORMER EMPLOYERS

Start with the present or most recent employer.

1	Company Name		Telephone	Reason for Leaving
	Address			Employed - (state month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work		Weekly pay Start _____ Last _____
2	Company Name		Telephone	Reason for Leaving
	Address			Employed - (state month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work		Weekly pay Start _____ Last _____
3	Company Name		Telephone	Reason for Leaving
	Address			Employed - (state month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work		Weekly pay Start _____ Last _____
4	Company Name		Telephone	Reason for Leaving
	Address			Employed - (state month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work		Weekly pay Start _____ Last _____

EDUCATION

Name of school or college	Address	Graduate Yes or No

REFERENCES

List three references that know you well and that we may contact

Name	Address	Phone #	# Years Acquainted	Occupation

Before you can start work we need photocopies of a photo ID and a Social Security card (or other documents to fulfill I-9 requirements). You can not start work until these documents are provided.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby authorize the company to conduct an investigative consumer report on me as defined in public law 91-508 and I understand that such report may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that if any inquiry is made more information as to its nature and scope will be supplied upon written request if this application is considered favorably. I agree to abide by and comply with all the rules of this organization.

DATE

SIGNATURE