



# APPLICATION EMPLOYMENT

An Equal Opportunity Employer

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ Interview Day: \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (Zip)

What position are you applying for?	Starting pay Needed? \$	When can you start?
Are you at least 16 years old? Yes _____ No _____	What shift? Days: _____ Nights: _____ Weekends: _____	
What kind of hours are you looking for? Full Time (how many hours) _____/wk Part Time (how many hours) _____/wk	Can you work? Holidays: Yes _____ No _____ Weekends: Yes _____ No _____	Do you have reliable means of transportation to and from work? Yes _____ No _____
Days available to work and times: Fill in times you can work on the days you can work. Mo _____ - _____ Tu _____ - _____ Wed _____ - _____ Th _____ - _____ Fri _____ - _____ Sat _____ - _____ Sun _____ - _____		
Do you have any activities that might affect your schedule? Yes ___ No ___ What? _____		
Have you ever worked at Spangles before? Yes / No If yes, when? _____ Location? _____		
Do you have any friends or relatives employed by Spangles? Yes / No. If yes, who? _____		

## Previous Employers: Start with the present or most recent employer.

<b>1</b>	Company Name	Telephone / required	Reason for Leaving:
	Address		Employed - (month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work	Weekly pay: \$ or Hourly pay: \$
<b>2</b>	Company Name	Telephone / required	Reason for Leaving:
	Address		Employed - (month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work	Weekly pay: \$ or Hourly pay: \$
<b>3</b>	Company Name	Telephone / required	Reason for Leaving:
	Address		Employed - (month and year) From _____ To _____
	Name of Supervisor	State Job title and describe your work	Weekly pay: \$ or Hourly pay: \$

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

I hereby further authorize the company to conduct an investigative consumer report on me as defined in public law 91-508 and I understand that such a 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 nature and scope will be supplied upon written request if the application is considered favorably. I agree to abide by and comply with all rules and regulations of this organization.

Signature \_\_\_\_\_