

Paint n Fun

Application for Employment

New River Valley Mall 782 New River Road Christiansburg, VA. 24073

DATE: _____

NAME:

Last

First

Middle

AVAILABLE FOR WORK (PART TIME HOURS ONLY):

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

PRESENT
ADDRESS:

Street

City & State

Zip

PERMANENT ADDRESS: _____

HOW LONG: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL: _____

IF UNDER 18 YEARS OF AGE, HOW OLD ARE YOU? _____ ARE YOU A U.S. CITIZEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN (7) YEARS? _____

IF YES, PLEASE EXPLAIN:

Note: convictions are not an automatic bar to employment but are reviewed in relation to the job applied for. Convictions not reported may be cause for discharge.

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? _____ IF SO, WHAT? _____

EDUCATION AND TRAINING

Circle the highest grade or year completed in school

Elementary | High School | GED | College/Univ.
4 5 6 7 8 | 9 10 11 12 | | 1 2 3 4 5 6

Did you graduate from high school? _____

If yes, give name and location of school:

EDUCATION BEYOND HIGH SCHOOL (List any college or university, or other relevant training you have received)

NAME AND LOCATION DATE ATTENDED MAJOR STUDIES TYPE OF DEGREE/DATE

SKILLS & QUALIFICATIONS: Summarize special skills & qualifications acquired from employment or experience.

EMPLOYMENT HISTORY *(please complete all information even if you have a resume)*

Begin with the most recent employment and work back. Account for all time during the past ten (10) years, including periods of unemployment. Additionally, list any other paid or unpaid work experience that may qualify you for the position. Attach additional pages if necessary.

EMPLOYER:	FROM: MO/YR	TO: MO/YR	DUTIES:
ADDRESS:	SALARY/WAGE:		
YOUR TITLE:	PART TIME <input type="checkbox"/>	HOURS	
	FULL TIME <input type="checkbox"/>	PER WEEK	
SUPERVISOR NAME, TITLE, PHONE NO.:			REASON FOR LEAVING:

EMPLOYER:	FROM: MO/YR	TO: MO/YR	DUTIES:
ADDRESS:	SALARY/WAGE:		
YOUR TITLE:	PART TIME <input type="checkbox"/>	HOURS	
	FULL TIME <input type="checkbox"/>	PER WEEK	
SUPERVISOR NAME, TITLE, PHONE NO.:			REASON FOR LEAVING:

EMPLOYER:	FROM: MO/YR	TO: MO/YR	DUTIES:
ADDRESS:	SALARY/WAGE:		
YOUR TITLE:	PART TIME <input type="checkbox"/>	HOURS	
	FULL TIME <input type="checkbox"/>	PER WEEK	
SUPERVISOR NAME, TITLE, PHONE NO.:			REASON FOR LEAVING:

I 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 and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE: _____ **SIGNATURE:** _____

DO NOT WRITE BELOW THIS LINE

REMARKS:	
NEATNESS:	CHARACTER:
PERSONALITY:	ABILITY:
HIRE DATE:	SALARY: