



MY BEST FRIEND'S CLOSET

Employment Application

APPLICANT INFORMATION									
Last Name				First			M.I.		Date
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available			Desired Salary		Location Applied for:				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
PREVIOUS EMPLOYMENT									
Company					Phone ()				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone ()				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone ()				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To	Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to:	to:	to:	to:	to:	to:	to:

TELL US WHY YOU SHOULD BE CONSIDERED:

--

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------