



APPLICATION FOR EMPLOYMENT

DATE _____

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, age, national origin, disability, marital or veteran status, or any other legally protected status.

1. LAST NAME	2. FIRST NAME	3. MIDDLE INITIAL
4. STREET ADDRESS	5. APT #	6. CITY
7. STATE	8. ZIP CODE	

9. HOME PHONE NO.	10. CELL PHONE NO.	11. E-MAIL ADDRESS (PRINT)

12. NAME AND PHONE # OF PERSON TO BE NOTIFIED FOR EMERGENCY		
*. COUNTY	*. SCHOOL DISTRICT	*. MUNICIPALITY

--	--	--

13. IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? YES NO
 * COPY OF PHOTO ID - SOCIAL SECURITY CARD - OR ANY PROOF OF WORK PERMIT YES NO
 IS REQUIRED IF EMPLOYED WITHIN 3 WORKING DAYS.

14. ARE YOU: 16 - 17 18 - OR OLDER If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

15. POSITION	16. DATE YOU CAN START	17. SALARY DESIRED	18. AVAILABLE TO WORK?
			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>

19. DAYS AND HOURS AVAILABLE TO WORK							
DAY	MON	TUE	WED	THU	FRI	SAT	SUN
FROM							
TO							

20. BEST TIME TO CONTACT YOU: _____ : _____ AM / PM

21. TOTAL WEEKLY HOURS DESIRED? _____

22. HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO If Yes, give date

23. HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO If Yes, give date

24. ARE YOU EMPLOYED? YES NO

25. MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER? YES NO

26. YOUR PRESENT / LAST EMPLOYERS NAME	27. PHONE NO.	28. EMPLOYED?
		FROM: _____ TO: _____
28.a AVERAGE HOURS WORKED :	28.b SALARY :	28.c POSITION :
28.d REASON FOR LEAVING:	28.e PHONE #:	

CONTINUED ON OTHER SIDE

29. FORMER EMPLOYERS?

DATE		NAME	SALARY	POSITION
FROM:	TO:			
PHONE NUMBER:	SUPERVISOR'S NAME:	AVERAGE HOURS WORKED PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING:				

DATE		NAME	SALARY	POSITION
FROM:	TO:			
PHONE NUMBER:	SUPERVISOR'S NAME:	AVERAGE HOURS WORKED PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING:				

DATE		NAME	SALARY	POSITION
FROM:	TO:			
PHONE NUMBER:	SUPERVISOR'S NAME:	AVERAGE HOURS WORKED PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING:				

30. REFERENCES (give below the names of three persons not related to you, whom you have known at least one year.)

	NAME	PHONE #	BUSINESS	YEARS KNOWN
A.				
B.				
C.				

THE INFORMATION I AM PRESENTING IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION HEREIN COULD RESULT IN MY DISCHARGE IN THE EVENT I AM EMPLOYED BY "DOLLAR or TWO, Inc".

I AUTHORIZE "DOLLAR or TWO, Inc" REPRESENTATIVE TO CONTACT ALL FORMER EMPLOYERS AND TO FURTHER INQUIRE AS TO ANY INFORMATION GIVEN BY ME ON THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE