

# CLOTHING MATTERS

## Employment Application

Position Applied For:

Date:

### PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	E-mail Address
City/State/Zip	

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status: <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Are You Applying For:	Shifts you are available to work:	May We Contact Your Current Employer:	Are you over 18 years of age?	
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	<input type="checkbox"/> Weekdays <input type="checkbox"/> Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of hours you would prefer to work each week:	Date you are available to begin work:
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Will your schedule change in the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please "X" areas where you **currently** are not able to work:

Please "X" areas where you **will not** able to work in six months:

Time	Mon	Tue	Wed	Thu	Fri	Sat	Time	Mon	Tue	Wed	Thu	Fri	Sat
9am -10am							9am -10am						
10am -11am							10am -11am						
11am -12pm							11am -12pm						
12pm - 1pm							12pm - 1pm						
1pm - 2pm							1pm - 2pm						
2pm - 3pm							2pm - 3pm						
3pm - 4pm							3pm - 4pm						
4pm - 5pm							4pm - 5pm						
5pm - 6pm							5pm - 6pm						
6pm- 7pm							6pm- 7pm						

Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

### EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree & Date	Subject Of Specialization
High School			
College/University			
Specialized Courses & Training			

**EMPLOYMENT HISTORY - Begin With Most Recent Employment**

Dates From	To	Company Name	City, State
List the jobs you held, duties performed, skills used or learned, advancements or promotions –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
List the jobs you held, duties performed, skills used or learned, advancements or promotions –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
List the jobs you held, duties performed, skills used or learned, advancements or promotions –			
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Reason for Leaving:		Supervisor's Name	Telephone Number

**CLERICAL SKILLS**

Typing, WPM		
List Specific Computer Skills –		

**OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:**

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**REFERENCES - Give the Names of Three Persons Not Related to You**

Name	Address	Telephone	Occupation & Relationship

The information on this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_