

(301) 204-7668 funinthesundelco@gmail.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME:		DATE:		
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
E-MAIL:		PHONE:		
DATE OF BIRTH: _				
SOCIAL SECURIT	Y NUMBER (SSN): _	-		
AVAILABILITY: P	lease select all available	e work days below. Work hours are 9:30 am - 5:30		
pm				

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
June 6 - 10					
June 13 - 17					
June 20 - 24					
June 27 - July 1					
July 4 - 8	7/4 CLOSED				
July 11 - 15					
July 18 - 22					
July 25 - 29					
August 1 - 5					
August 8 - 12					
August 15 - 19					
August 22 - 26					

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO*
*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? \square YES \square NO
HAVE YOU EVER WORKED FOR THIS EMPLOYER? \square YES* \square NO
*IF YES, WRITE THE START AND END DATES:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? \square YES* \square NO
*IF YES, PLEASE EXPLAIN:
EDUCATION
HIGH SCHOOL:CITY / STATE:
FROM:TO:
GRADUATE? □ YES □ NO
COLLEGE: CITY / STATE:
FROM:TO:
GRADUATE? □ YES □ NO
DEGREE:
REFERENCES
NAME:
RELATIONSHIP:
COMPANY:
E-MAIL:
PHONE:
NAME:
RELATIONSHIP:
COMPANY:
E-MAIL:
PHONE:

EMPLOYMENT HISTORY

EMPLOYER #1:	
E-MAIL: PHONE:	
ADDRESS:	
JOB TITLE:	
RESPONSIBILITIES:	
STARTING DATE: ENDING DATE:	
REASON FOR LEAVING:	
BACKGROUND CHECK CONSENT	
IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \square YE	S □ NO
DISCLAIMER	
Applicant understands that this is an Equal Opportunity Employer and committed to excellence to diversity. In order to ensure this application is acceptable, please print or type with the application completed in order for it to be considered.	
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this a leads to my eventual employment, I understand that any false or misleading information in my apinterview may result in my employment being terminated.	
SIGNATURE DATE:	
PRINT NAME	