



Employment Application. Location _____

Date _____

Applicant Information

Last name:	First name:
Address:	
City:	State & Zip:
Home phone #:	Cell phone #:
e-mail:	Date available:
Position applying for:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Do you have weekend availability (Fri, Sat & Sun)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you authorized to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and where?	

Education

High School:	City:
How many years of high school did you attend?	Did you graduate?
College:	City
How many years of college did you attend?	Did you graduate?
Other	City
How many years did you attend?	Did you graduate?

Military Service

Branch:	From _____ to _____
Rank at discharge:	Type of discharge:

Previous Employment

Company:	Phone # :
Address:	Manager:
Position:	From _____ to _____
Reason for leaving:	
May we contact manager for a reference:	

Company:	Phone # :
Address:	Manager:
Position:	From to
Reason for leaving:	
May we contact manager for a reference:	
Company:	Phone # :
Address:	Manager:
Position:	From to
Reason for leaving:	
May we contact manager for a reference:	

References

Name:	Phone # :
Relationship:	Company:
Years known:	Position:
Name:	Phone # :
Relationship:	Company:
Years known:	Position:

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.

If hired, I agree to conform to all the rules and regulations set by Harold & Belle's.

If hired, I agree that my employment will be an "at will" relationship which means that Harold & Belle's or employee (applicant) can terminate employment at any time without cause, notice or repercussions.

Signature:
Date:

Please put an **X** on the shifts that you **CANNOT** work.

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							