

# JOB APPLICATION

PAUL'S PLACE

APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

CONTACT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_

If anyone related in Our employment,  
State Name and Department (omit name of Spouse) \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE ? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

## QUESTIONS

- 1 DO YOU WORK NOW?  YES  NO
- 2 IF YES HOW LONG HAVE YOU WORKED IN THE PRESENT JOB ? \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_ WK
- 3 HOW LONG HAVE YOU BEEN OUT OF WORK ? \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_ WK
- 4 DO YOU WANT TO WORK DAY OR NIGHT ?  DAY  NIGHT
- 5 CAN YOU WORK FROM 6 AM TO 5 PM  YES  NO

- 6 CAN YOU WORK FROM 5 PM TO 11PM  YES  NO
- 7 ARE YOU GOING TO SCHOOL ?  YES  NO
- 8 DO YOU HAVE CHILDREN ?  YES  NO
- 9 ARE YOU MARRIED?  YES  NO
- 10 HAVE YOU WORKED IN THIS LINE BEFORE ?  YES  NO
- 11 CAN YOU WORKED WEEKENDS ?  YES  NO
- 12 DO YOU HAVE HEALTH PROBLEMS ?  YES  NO
- 13 DO YOU SPEAK ENGLISH ?  YES  NO

**FROM EMPLOYERS : ( LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR RECENT )**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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FROM \_\_\_\_\_  
TO \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

BY \_\_\_\_\_ INTERVIEWED \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S REMARKS	FROM 1 TO 10
1. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO